PROCEEDINGS

OF THE

Connecticut Medical Society,

1883.

NINETY-SECOND ANNUAL CONVENTION,

HELD AT

Hartford, May 23d and 24th.

NEW SERIES. VOL. II.—NO. 4.

PUBLISHED BY THE SOCIETY.

S. B. St. JOHN, M.D., Secretary,

HARTFORD, CONN.

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The Connecticut Medical Society does not hold itself responsible for the opinions contained in any article, unless such opinions are endorsed by a special vote.

Next Annual Convention of the Connecticut Medical Society will be held in New Haven, May 28 and 29, 1884.

All communications intended for the Connecticut Medical Society must be addressed to S. B. St. John, M.D., Hartford, Conn.

SUMMARY OF CONTENTS OF VOL. II.

THIRD SERIES, 1880–1883.

1880, Proceedings, ... 7

Address to the Fellows by the President. 9
Treasurer's Report. 16
Report of Committee on the Metric System. 19
New members. 23

1881, Proceedings, ... 7

Address to Fellows. 9
Treasurer's Report. 14
Secretary's Report. 18
New members. 19

Reports of Special Committees.

On Medical Expert Testimony, Dr. G. W. Russell. 24
On Sale of Poisons, Dr. R. W. Baker. 31
On Vital Statistics, Prof. M. C. White, M.D. 33
On Lunacy Commission, Dr. A. M. Shew. 34
On Lunacy Commission, Dr. D. A. Cleveland. 53

1882, Proceedings, ... 7

Address to Fellows. 9
Treasurer's Report. 17
Report of Committee on Unfinished Business. 24
Secretary's Report. 24
New members. 26

1883, Proceedings, ... 3

Address to Fellows. 5
Legal status of the Society. 11
Treasurer's Report. 16
Law concerning Coroners. 21
Report of Committee on County Resolves. 27
Resolutions concerning the Army Medical Museum. 30
Report of Committee on Suggestions of the President. 31
Secretary's Report. 33
New members. 35

REPORT OF COMMITTEE ON MATTERS OF PROFESSIONAL INTEREST.

1880, Dr. W. A. M. Wainwright, Chairman, . . . 28

Mortality in Obstetrical Practice, Hartford County, Dr. J. Campbell. 29

1881, Etiology of consumption, Dr. L. S. Wilcox, . . 67
1882, Permanency of malaria, Dr. Wainwright, . . . 40
1883, Report of Chairman, ... 56

Report on Scarlet Fever in Hartford County, Dr. M. M. Johnson. 56

CASES AND PAPERS FROM COUNTY SOCIETIES.

1880.

Chronic lead poisoning, ... 31
Puerperal peritonitis, ... 33
Glio sarcoma of the cerebrum and cerebellum, . . . 39

Chloral in traumatic tetanus, ... 41
Puerperal eclampsia, ... 43
Pneumonia, ... 47
Compound dislocation of knee, ... 54
Chloral and glycerine in diphtheria, ... 56
On icterus, ... 57

Statistics of 400 Cases of Midwifery, ... 60
Idiopathic Tetanus, ... 71

1881.

Hiccough arrested by quinine, ... 74
Pyonephrosis, recovery after aspiration, ... 75
Lacerations of the cervix, ... 76
Tuberculosis of mouth and pharynx, ... 78

Etiology of Intermittent Fever, ... 81
Dysentery from Impure Ice, ... 97
Typhoid Fever, Treatment of, ... 102

1882.

Exophthalmic goitre, ... 43
Secondary carcinoma in the sphenoidal cavities, . . . 44
Spasm of the larynx in adults, ... 47
Treatment of fractures of both bones of the leg, . . . 51
The use of proprietary medicines, ... 59
Prevalent diseases, ... 63
Puerperal convulsions with hydatids, ... 63
Extremely low temperature with partial recovery, . . . 65
Prophylactic use of the tracheal tube, ... 66
Artificial anus spontaneously established, ... 72
Aconite in pneumonia, ... 74
Childbirth during pneumonia, ... 75

Treatment of *post partum* Hemorrhage, ... 80

1883.

Embolism of the femoral artery, I. W. Lyon, M.D., . . 57
Suppurative portal phlebitis, I. W. Lyon, M.D., . . . 57
Rheumatism endocarditis, embolism of right subclavian artery, I. W. Lyon, M.D., ... 60
Chronic laryngitis, C. W. Chamberlain, M.D., . . . 64
New Haven County, M. N. Chamberlin, M.D., Reporter, . 68
New London County, W. H. Dudley, M.D., Reporter, . . 69
Fibro cystic tumor of the uterus, L. S. Paddock, M.D., . 70
Rupture of a labium during labor, P. Cassidy, M.D., . . 71
Prevalent diseases, Geo. H. Jennings, M.D., . . . 72
Prevalent diseases, Frank A. Coates, M.D., ... 73
Malformation of the heart, L. B. Almy, M.D., . . . 74
Acute articular rheumatism, L. B. Almy, M.D., . . . 75
Windham County, C. J. Fox, M.D., Reporter, . . . 78
Chloral in convulsions, C. J. Fox, M.D., ... 79
Hysteria from uterine disorder, J. B. Kent, M.D., . . 80

Symptoms and Diagnosis of Inebriety as a Disease in Reference to Life Insurance, B. N. Comings, M.D., . . . 83
The Micro-Spectroscope, Prof. M. C. White, M.D., . . 89
Treatment of Intermittent Fever in all its Forms, A. Beardsley, M.D., 97
On Knee-Joint Disease in Children, J. J. Berry, M.D., . . 105

Presidents' Addresses.

1882, Points in the treatment of phthisis pulmonalis, William Deming, M.D., ... 35
1883, The country doctor, Wm. G. Brownson, M.D., . . 46

Dissertations.

1880, Some limits in the use of the ophthalmoscope, Prof. W. H. Carmalt, M.D., ... 74
1881, Importance of the early recognition of epilepsy, E. C. Seguin, M.D., ... 113

Essays.

1880.

The insane diathesis, H. P. Stearns, M.D., ... 89
Hereditary transmission of syphilis, J. P. C. Foster, M.D., . 103
A notable defect in medical education, D. A. Cleaveland, M.D., . 113
Examination of the eye as an aid to diagnosis of extra ocular diseases, N. E. Wordin, M.D., ... 126
Functional diseases of the nervous system, J. B. Kent, M.D., . 152
Chrysophanic acid in skin diseases, C. J. Fox, M.D., . . 158

1881.

Sympathetic ophthalmia, S. B. St. John, M.D., . . . 132
Non-pharmacological therapeutics, H. Fleischner, M.D., . . 143
The influence of temperature and humidity on the respiratory system, C. B. Newton, M.D., ... 153
Treatment of the third stage of abortion, J. H. Grannis, M.D., . 159
Clinical observations on laceration of the cervix uteri, M. D. Mann, M.D., ... 164
On milk, M. M. Johnson, M.D., ... 180
Lacerations of the female perineum, W. C. Burke, Jr., M.D., . 189
Transmission of tuberculosis by infected milk, Noah Cressy, M.D., V.S., ... 201

1882.

Recognition of death, G. L. Porter, M.D., ... 87
A protest against the recent action of the New York Medical Society, W. J. Beach, M.D., ... 97
The use of proprietary remedies, Prof. C. A. Lindsley, M.D., . 103
Thomas' operation, Prof. F. E. Beckwith, M.D., . . . 121
Biographical sketches of members of the Middlesex County Medical Society fifty years ago, R. W. Mathewson, M.D., . 144

1883.

Some points in oral surgery of interest to the general practitioner, G. L. Parmele, M.D., ... 111
Aspiration of the chest in pleurisy, Wm. H. Holmes, M.D., . 122
Complications in labor, F. N. Braman, M.D., . . . 136
Inebriate automatism, T. D. Crothers, M.D., . . . 142
On the nature and treatment of varicocele, M. H. Henry, M.D., . 155

increase in numbers and in interest. The recommendation of your late President that a few prominent citizens be invited to listen to the proceedings, and share the hospitalities of such gatherings, has been adopted already with satisfactory results.

Let me here suggest whether in our county as well as in our State meetings we may not be falling into the error of devoting too much time to the consideration of specialties in surgery to the exclusion of the more common and hence more important subjects of our daily practice. Within the knowledge of all who are gathered here to-day, how few are the cases in which extirpation of a kidney, or resection of the stomach, or removal of the ovaries, would be considered expedient or justifiable? On the other hand, how many under our care urgently demand the highest skill that we may acquire by the most careful research and thoughtful discussion, for the relief of suffering in advanced Phthisis? or what is better for arresting, if possible, this dire disease in its incipient stages? While we would not in the least detract from the splendid achievements in the rarer forms of modern surgery, still we should not be so dazzled by their brilliancy as to lose sight of the vast numbers who daily demand our best endeavors. He who can best explain how to ward off a common cold,—that entering wedge of destruction to so many in our climate, or by his skill so shorten and alleviate it that no scar is left behind, though his name be not heralded through the medical press, is second to none in the profession as a benefactor of his race. He who can define the means for preventing the invasion or arresting the spread of the more malignant and destructive zymotic diseases is also a benefactor. Although much has already been done, still, the field is so broad, and the necessities are so urgent, that we should be untiring in our efforts in this direction. Many precious lives may undoubtedly be saved by enlightening the public as far as practicable upon the necessity of strict isolation and other hygienic precautions in infectious diseases. The important admonition of the efficient Secretary of the Health Board regarding public funerals where death has resulted from diphtheria, scarlet fever, etc., should, by our legislators, be embodied into a law which should be universally observed and respected throughout the State.

We heartily commend the action of the Legislature in refusing to repeal the statute regarding compulsory vaccination. A deplorable ignorance prevails regarding the subject, and an

OFFICERS OF THE SOCIETY.

1883-1884.

PRESIDENT.

E. B. NYE, M.D., Middletown.

VICE-PRESIDENT.

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W. C. WILE, M.D. J. H. GRANNIS, M.D.
E. C. KINNEY, M.D.

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P. A. JEWETT, M.D., NEW HAVEN.
J. H. GRANNIS, M.D., SAYBROOK.
C. B. NEWTON, M.D., STAFFORD SPRINGS.
G. F. LEWIS, M.D., BRIDGEPORT.
M. STORRS, M.D., HARTFORD.

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ISAAC G. PORTER, M.D. W. J. BEACH, M.D.
ORLANDO BROWN, M.D. J. G. STANTON, M.D.
J. B. KENT, M.D.

Committee to Nominate Physician to the Retreat for the Insane.

C. H. BILL, M.D. A. WOODWARD, M.D.
LOWELL HOLBROOK, M.D. R. HUBBARD, M.D.
R. W. MATTHEWSON, M.D.

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E. P. SWASEY, M.D. }
I. W. LYON, M.D.

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Anniversary Chairman.
C. P. LINDSLEY, M.D.
S. G. CHAPMAN, M.D.

Dissertator.

N. E. WORDEN, M.D.

Alternate.

W. H. HOLMES, M.D.

PROCEEDINGS

CONNECTICUT MEDICAL SOCIETY--NINETY-SECOND ANNUAL CONVENTION.

The President and Fellows of the Connecticut Medical Society met in the Common Council Chamber, City Hall, New Haven, at 3 o'clock P. M., Wednesday, May 23, 1883.

The President, Dr. William G. Brownson, M.D., of New Canaan, called the convention to order promptly, and appointed Dr. D. A. Cleaveland and the Secretary as the Committee to examine the credentials of the elected Fellows. Dr. Cleaveland stated that as he was not a Fellow he could not act upon that committee. Although his objection was not a valid one, as having once been elected a Fellow all the rights and privileges could be exercised by him except voting, to avoid delay and perhaps discussion of the point, the President appointed Prof. F. E Beckwith, of New Haven. The committee reported that Fairfield county had elected alternate Fellows, and that Drs. W. C. Wile and Wm. C. Burke, Jr., appeared as alternates for two who would not be present. The committee endorsed the recommendation of the one of last year, that a by-law be added requiring the election of alternate Fellows in each county. As this was formally proposed last year, it was subsequently taken up and passed. Requests were made that the presidents of county societies, two of whom were the only elected Fellows present from their counties, should be allowed to appoint Fellows from members of their county societies present, in order that they might be fairly represented in the convention. The committee agreed with the decision of a former committee that such a practice might result unfavorably to the interests of the society; also that they had no power to grant the request. As the idea was not favored, but objected to strongly, no request was made to the society to allow such appointment. The list of Fellows as pub-

lished was then accepted, with the substitution of the alternates named, and the committee discharged. The following is the list as presented:

LIST OF FELLOWS, *ex-officio.*

President.

Wm. G. Brownson, M.D.

Vice-President.

E. B. Nye, M.D.

Vice-Presidents, ex-officio.

Geo. F. Lewis, M.D., Hartford Co.
*M. N. Chamberlin, M.D., New Haven Co.
E. C. Kinney, M.D., New London Co.
Geo. L. Porter, M.D., Fairfield Co.
*S. L. Hutchins, M.D., Windham Co.
Willis J. Beach, M.D., Litchfield Co.
A. B. Worthington, M.D., Middlesex Co.
M. B. Bennett, M.D., Tolland Co.

Treasurer.

E. P. Swasey, M.D., New Britain.

Secretary.

C. W. Chamberlain, M.D., Hartford.

Committee on Matters of Professional Interest in the State.

W. A. M. Wainwright, M.D.
H. S. Fuller, M.D.
Geo. F. Lewis, M.D.

FELLOWS ELECTED IN 1883.

Hartford County.

Geo. W. Avery, M.D.
W. T. Bacon, M.D.
R. Strickland, M.D.
*H. E. Way, M.D.
E. J. McKnight, M.D.

---

*Absent.

New Haven County.

W. H. Carmalt, M.D. F. E. Beckwith, M.D.
W. H. Holmes, M.D. A. Beardsley, M.D.
E. T. Bradstreet, M.D.

New London County.

*L. S. Paddock, M.D. F. N. Braman, M.D.
J. G. Stanton, M.D. S. L. Sprague, M.D.
*A. Woodward, M.D.

Fairfield County.

S. F. Delamater, M.D. Geo. F. Lewis, M.D.
Wm. C. Wile, M.D. J. G. Gregory, M.D.
Wm. C. Burke, Jr., M.D.

Windham County.

E. A. Hill, M.D. F. G. Sawtelle, M.D.
*T. M. Hills, M.D. J. B. Kent, M.D.
Charles Gardner, M.D.

Litchfield County.

*L. H. Wood, M.D. †C. H. Gilbert, M.D.
*H. W. Shove, M.D. *L. G. Ketchum, M.D.
*C. O. Belden, M.D.

Middlesex County.

R. Baker, M.D. R. W. Matthewson, M.D.
Miner C. Hazen, M.D. *C. A. Sears, M.D.
Geo. W. Burke, M.D.

Tolland County.

*E. P. Flint, M.D. A. R. Goodrich, M.D.
S. G. Risley, M.D.

The President then addressed the convention as follows:

Fellows and Brethren of the Connecticut Medical Society:

We meet to-day in accordance with a custom sanctioned by the Fathers and honored through nearly a century. While we gladly anticipate this gathering as an occasion for social and professional

*Absent. †Dead.

greeting and enjoyment, we may justly claim to be animated by the higher motive of so increasing our knowledge and enlarging our views of duty that we may the better subserve the interests of our several communities and of the State.

I sincerely thank you, gentlemen, for the unsought, unexpected and distinguished honor of being called to preside at your deliberations; and most earnestly crave your indulgence and co-operation while I shall endeavor impartially to administer the duties of the office.

Among the suggestions and recommendations which seem appropriate to bring before you for your consideration and action, it appears to me important to ascertain whether the Connecticut Medical Society is at present based upon a legal and unquestioned charter. There appear to be some legal doubts whether by a literal construction Article 6th of the revised charter of Yale Medical School of 1879 does not virtually repeal the charter of the Society. The appointment of a committee to secure, if deemed necessary, the passage of a healing act, or to make any needed revisions, or both, is hereby recommended.

By reference to the published proceedings of past years we find that the membership in most of the counties has largely increased, while the representation of Fellows in the State Society differs but by two or three from that of twenty or forty years ago. I suggest whether it might not be advisable to increase the representation of Fellows, at least from the counties of New Haven, Hartford, and Fairfield,—making either the number of members in the several county societies, or the amount in taxes actually collected and paid to the Treasurer, the basis of representation. I would also suggest the propriety of still further increasing the list, by making all ex-presidents Permanent Fellows; and that they be constituted a Board of Councillors with such specific duties as the Society see fit to impose. All matters of discipline, admission or rejection of applicants, or dismissal of members, the selection of essayists, and arranging for suitable literary exercises, might with advantage be referred to such a judicial council, whose recommendations should be subject to adoption or rejection by vote of the joint convention.

In view of the advantages of the most thorough acquaintance on the part of the Secretary with the county societies, and to secure the most desirable results from the proper administration of this

important office, I would respectfully suggest the advisability of appointing a permanent Secretary, removable for cause, and that, if the funds of the Society warrant it, a salary of fifty dollars be appropriated to such office. Also a salary of twenty-five dollars to a permanent Treasurer, or to one appointed for a considerable term of years, would seem but a just recognition of the services rendered. The funds of the Society might be increased somewhat, and it seems to me without disrespect or injustice to our advanced and honored brethren, by repealing Section 3d of Chapter 5th of the by-laws.

I am requested by the present Secretary to state that the press of other business will compel him to decline to serve longer in that capacity. In retiring from this office which he has so ably filled during the past eight years, he can have the satisfaction of knowing that during no equal portion of its history has the Society been so prosperous. Notwithstanding the unusually high death rate,—there having been eighty-six deaths during this period,—the net gain in membership has been about one hundred.

The favorable reviews by the medical press of our published proceedings have been as gratifying as the promptness with which they have appeared.

Another subject which we might consider with profit is the astonishing increase of new remedies, so-called, which are being thrust upon the notice of the medical profession. While our fathers had, doubtless, a too limited supply of drugs, may we not be upon the other extreme of experimenting with too many? Though we should not underestimate the value of the services rendered by those who, within a few years, have brought to our notice many remedies of real merit; still the active practitioner should sift with care, and tread upon new ground with caution. The physician who uses a new remedy because it is recommended by the manufacturer descends to the plane of his ignorant, credulous patient, whose authority for the value of a nostrum is the newspaper. I would here recommend the appointment of a committee on new remedies, to solicit correspondence from physicians throughout the State, and to report at our yearly meetings a list, not to exceed five in any one year, of such new remedies as have been tested and approved by a majority of the correspondents.

It is occasion for congratulation that the county societies, from which the State Society derives its strength, continue to report an

increase in numbers and in interest. The recommendation of your late President that a few prominent citizens be invited to listen to the proceedings, and share the hospitalities of such gatherings, has been adopted already with satisfactory results.

Let me here suggest whether in our county as well as in our State meetings we may not be falling into the error of devoting too much time to the consideration of specialties in surgery to the exclusion of the more common and hence more important subjects of our daily practice. Within the knowledge of all who are gathered here to-day, how few are the cases in which extirpation of a kidney, or resection of the stomach, or removal of the ovaries, would be considered expedient or justifiable ? On the other hand, how many under our care urgently demand the highest skill that we may acquire by the most careful research and thoughtful discussion, for the relief of suffering in advanced Phthisis ? or what is better for arresting. if possible, this dire disease in its incipient stages ? While we would not in the least detract from the splendid achievements in the rarer forms of modern surgery, still we should not be so dazzled by their brilliancy as to lose sight of the vast numbers who daily demand our best endeavors. He who can best explain how to ward off a common cold,—that entering wedge of destruction to so many in our climate, or by his skill so shorten and alleviate it that no scar is left behind, though his name be not heralded through the medical press, is second to none in the profession as a benefactor of his race. He who can define the means for preventing the invasion or arresting the spread of the more malignant and destructive zymotic diseases is also a benefactor. Although much has already been done, still, the field is so broad, and the necessities are so urgent, that we should be untiring in our efforts in this direction. Many precious lives may undoubtedly be saved by enlightening the public as far as practicable upon the necessity of strict isolation and other hygienic precautions in infectious diseases. The important admonition of the efficient Secretary of the Health Board regarding public funerals where death has resulted from diphtheria, scarlet fever, etc., should, by our legislators, be embodied into a law which should be universally observed and respected throughout the State.

We heartily commend the action of the Legislature in refusing to repeal the statute regarding compulsory vaccination. A deplorable ignorance prevails regarding the subject, and an

unfounded prejudice exists in the minds even of the intelligent. We hold it to be the duty of physicians to enlighten the community upon the subject of vaccination.

We cannot too highly commend the efforts being made by some of our leading schools for a higher literary and scientific culture, preparatory to the duties of general medical practice. Should this higher standard of attainment become the settled and uniform policy of our medical institutions, thereby lessening the quantity and improving the quality of medical service, the public would undoubtedly gain by the change. Might not also the swollen streams of medical literature contain less of sediment and drift-wood, thereby furnishing draughts more refreshing and better adapted to the needs of the earnest worker? Have we not in the current medical literature of our times too much of the hasty theory, speculation, and experiment in place of proven and established principles as the necessary foundation for useful and successful work?

I can conscientiously recommend the suggestions of my worthy predecessor regarding the code of medical ethics. This subject is engaging the attention of thinking men in the medical profession and outside of it to a remarkable degree. Like all innovations upon cherished and time-honored legacies from the fathers, a strong, not to say bitter opposition is encountered from many noble men, who have a jealous care and solicitude for the honor of a noble profession. But a profession of itself is not noble, otherwise a true nobility would attach to mere membership in it, which is a palpable absurdity. Our profession, like all others, contains the worthy and the unworthy, and must be measured only by the character and worth of its individual members. In my judgment the time is fast approaching when a code of medical ethics will be remembered only as a thing of the past. The growth of man outstrips constitutions, creeds and codes. And as changed circumstances necessitate a change in legislation,—as constitutions require amendment, and as creeds demand modification to meet the larger, more enlightened needs of man, so codes become a by-word, a dead letter, unless their scope be adequate to the requirements of the age. An enlightened conscience and the Golden Rule, that germ and fruitage alike of all true theology, will displace and stand far above all human instruments for the regulation and guidance of professional intercourse and conduct. In all cases

where the printed directions come into conflict with the voices of God, of conscience, and of humanity, the voices should be heeded though the printed page fade from neglect and disuse.

Let me not here be misunderstood or misquoted. I have profound respect for those noble and conscientious men who venerate the code and its worthy founders. But in all sincerity I ask from them an equal respect for the motives of those equally conscientious, who believe that during the progress made in the past thirty-six years this instrument has so outlived its usefulness that at least modifications seem not inappropriate to the changed conditions of the times. We cannot resist the spirit and tendencies of the age ; an age marvelous in its intellectual activity, its eager questionings,—the mighty energy with which it wrestles for nature's secrets and seeks eternal verities. And with resulting growth and advancement come liberality of spirit, toleration, and charity. And while we would not be revolutionary or aggressive, neither would we be restrained by absurd rules or unreasonable limitations. We may not safely ignore the verdicts rendered by that great jury, public opinion, from whose decisions, in our country, there is no appeal. Often in advance of professions, legislators, or presidents, it becomes akin to the "higher law," and we must in due time, whether reluctantly or willingly, acquiesce in its decisions. While the popular judgment, not only of the ignorant, but of the most intelligent and influential outside of our profession, is so largely in sympathy with the new departure, and while so many of our brethren occupying a position second to none in professional standing, in ability, and in moral worth deem it expedient, should we not at the proper time, avoiding all unmerited charges of sordid or sinister motives, approach the discussion of this question calmly, dispassionately, without partisanship or prejudice, differing, if differ we must, in a friendly spirit, harmonizing our differences, if we may, in a spirit of loyalty to truth and duty ?

There are reported from our membership about the usual number of deaths during the past year. The final tribute to their worth and memory which justice and affection alike suggest, will be fittingly offered in due time. Let us strive to avoid their mistakes, so to imitate and excel their virtues, so to live and to labor that at our departure the world may feel a loss that shall be to us an eternal gain.

The President then announced the following Committees:

On Unfinished Business.

Geo. W. Avery, M.D. W. H. Carmalt, M.D.
J. G. Stanton, M. D.

On County Resolves.

A. R. Goodrich, M.D. W. C. Burke, Jr., M.D.
Charles Gardiner, M.D.

On Business.

C. W. Chamberlain, M.D., *ex-officio.* R. W. Mathewson, M.D.
F. E. Beckwith, M.D.

On Honorary Members and Degrees.

J. G. Gregory, M.D. J. B. Kent, M.D.
W. H. Holmes, M.D.

Auditing Committee.

A. Beardsley, M.D. R. Baker, M.D.

To Nominate Essayists.

Geo. F. Lewis, M.D. R. Strickland, M.D.

Om motion of Dr. Wile, it was voted: That a committee be appointed to report in relation to each of the recommendations made by the president. It was also voted that these should consist of three each, and, after some discussion, that they should be appointed by the chair. The president objected to choosing the committees to act upon his own suggestions, but this did not appear to be any valid reason why he should not do so, unless there was some other cause for different action.

Legal Status of the Society.

There was considerable discussion upon the committee upon the *status* of the society. It was moved that this committee should have power to act without reporting to the society, to avoid delay, as the legislature meets in January.

Prof. M. C. White remarked that other queer things had crept

into the charter of the Medical College, enacted in 1879, besides the clause which is said to repeal the whole charter of the State Medical Society. For example, the provision that that charter "may be amended or repealed at the pleasure of the General Assembly" was so strongly denounced by Ex-President Woolsey that the charter has never been approved by the Corporation of Yale College.

The provision for granting *licenses* for the practice of medicine, as it stood in the old charter, has been omitted, and instead a clause has been inserted providing for the same thing, in language so blind that few would be likely to understand it. This method of doing what we are ashamed to announce openly is not creditable to this society. The provision in the charter of the college that in case the union between Yale College and the Connecticut Medical Society shall be dissolved by mutual consent, then "any prerogatives heretofore possessed by the Medical Society shall revert to the same," means, if it means anything, that examining committees in each county society shall have power to grant licenses, and that the State Society shall resume the power to grant degrees, as was the custom from 1792 to 1810.

The Medical Faculty had no knowledge that any such provision was to be placed in the new charter, and the speaker believed that neither the State Society nor the medical profession of the country would tolerate or approve any such prerogatives at the present day. None of the provisions alluded to would have been approved by this society if they had been submitted to its consideration, instead of being left to the discretion of a committee, as the whole subject was submitted to the committee in 1878.

The original compact, or "Articles of Union," between Yale College and the State Society has been modified by repeated revisions.

The charter of the State Society appears to have been repealed in 1879, and it is doubtful whether the old charter of the Medical College is now in force, or whether the charter of 1879 is the law of the land when not accepted by the Corporation of Yale College, and it is also uncertain whether the Medical College is now conducted according to the provisions of any charter, either new or old.

It is, therefore, very important that any new committee appointed to consider these matters should consist of men thoroughly acquainted with the history of the society, and the compact between the State Society and the Corporation of Yale College.

Furthermore, if anything is to be done, altering in any way the charter of the Medical College, or any clause of the same, it will be necessary to ask for a joint committee in which the Corporation of Yale College shall be represented.

Whatever might be done, in the opinion of the doctor, the action recommended by the committee should be reported to the State Society for approval before the proposed action is submitted to the Legislature.

Prof. Hubbard inquired what the value of the charter was to the society; we had proceeded very well several years without one.

Dr. Chamberlain stated that about the only value of the charter, as far as he knew, was the power it gave to collect taxes, which was never used, and to sue and be sued. The most useful result was the power to hold money, should any be left us, and also real estate, should we acquire any.

In answer to several inquiries for an account of the movement that resulted in the repeal of the charter, he replied as follows:

In 1878 a resolution was introduced asking for the appointment of "a committee of three to confer with a similar committee to represent the Medical College, to consider the propriety of making some changes in the charter of the Medical Institution of Yale College, with authority to co-operate with said committee in securing from the Legislature such alterations of the charter as may be mutually agreed upon." This did not originate on the part of the society, but the committee was voted, the resolution passed as offered, and Drs. C. W. Chamberlain, L. H. Wood, and H. P. Stearns were appointed. Dr. Wood did not act with the committee. There were several changes made, and it was, after a long and plain discussion, voted to retain the power to grant licenses, but to cloak it in the phraseology quoted, and objected to so strongly by Prof. White. This committee was a joint one, composed of members of the Medical Society and of the Corporation of Yale. When we met a document was read to us as the conclusions arrived at by the committees on the part of the college, and the medical faculty. The Medical Faculty was represented by Prof. Silliman, the Corporation by B. F. Harrison, Esq., and President Porter, who was president of the committee. We were told that the changes proposed had been discussed and agreed upon by the parties at interest, and it only remained for us to ratify or reject them. The impression was that it was the intention to dissolve the connection between

the society and Medical School, but in the revision only permissive power was incorporated. Apart from the license question the only discussion of any consequence was upon the clause (which, also, Prof. White disapproves) which provides if the union be broken, that "*any prerogatives heretofore possessed by the Connecticut Medical Society shall revert to the same.*" We did not think that in case of such dissolution the society would relinquish time-honored powers and place itself at a disadvantage with every other medical society that is organized by the state. As stated, that means that every county society could grant licenses as they can in New York now, and that the Connecticut Medical Society could grant the degree of M. D. in course, and the honorary degree. It appeared to your committee that such powers should not be relinquished, for while there is now no cause for their exercise, no one knows what the future holds, and the rights should be sacredly guarded. Sec. 6, which has repealed the charter, if it be repealed, which certainly was not its intent, reads as follows:

"*And be it further enacted*, That the act entitled 'An Act to Incorporate the Connecticut Medical Society, and to Establish the Medical Institution of Yale College,' and all acts in addition to, and in alteration thereof, be, and the same are, hereby repealed; *provided*, that all proceedings had and obligations imposed in pursuance of the acts hereby repealed, shall have the same effect as though said acts were still in force."

That no such section was read or agreed upon in joint committee, both Dr. Stearns and myself are positively certain. Nor do I have any recollection of having seen it when I received the act. The manuscript was sent to me directly from President Porter, and after I had submitted it to several members of the society, I placed it in the hands of a member of the legislature to introduce, and explained it to the legislative committee, to whom I gave a letter from President Porter which stated that the act was the expression of the wishes of the college. I have since learned that when reported to the House of Representatives it was tabled upon the expressed desire of some member to see if it in any way restricted the practice of medicine. That Sec. 6 may have been added, as Sec. 7 was, while the bill was in the hands of the legislative committee, is possible. The rule recently adopted, that

every bill shall be filed in the office of the Secretary of State exactly as introduced, without any *alterations, additions, or interlineations,* is certainly suggestive. If the section was in the original act when submitted, it was overlooked upon the idea that as it was taken over *verbatim* from the old charter its re-enactment would not change anything. It has been in print four years, receiving, as stated, much unfriendly criticism in New Haven, yet until last year no one discovered that it could accomplish any such result. With regard to Sec. 7, the Legislature can take such action with regard to any measure, and its statement is merely a formality.

The committee endeavored to secure the rights of the Society, and whatever opinion may be upon the advisability of a severance of the union, or its effect upon the interests of the Medical School, there appeared to us to be no disposition upon the part of the Society to enforce an undesired union. The repeal of the charter, while annoying, if true, as legal opinions differ, can be soon rectified. A healing act could readily have been passed at the last session of the legislature had there not been a wish expressed for a revision of certain points, and the action of the Society upon them. The by laws and legal existence of the Society are not affected.

I agree with Professor White, that the committee to be appointed should report to the Society before final action be taken, and if to a special session, their report may receive final action at the next regular convention. The committee should be large, and carefully made up of representative members from each county. Professor Carmalt moved an amendment, that the Fellows from each county should select a member of this committee. The chair declared the motion and amendment out of order, as the composition of the committee had already been voted upon and limited to three. Dr. Chamberlain moved that that part of the resolution relating to the appointment of the committee on the *status* of the Society be reconsidered. It was so voted. Professor Carmalt then offered the following:

Resolved—That a Committee consisting of one member from each county to be selected by the Fellows from the respective counties be appointed to take into consideration the legal status of this Society, with power to employ counsel and to report at a special meeting of this Society to be called by the President,

which was passed unanimously, and the following names were reported by the Fellows from the counties :

Dr. C. W. Chamberlain, Hartford.
Prof. W. H. Carmalt, New Haven.
Dr. F. N. Braman, New London.
Dr. G. F. Lewis, Fairfield.
Dr. Samuel Hutchins, Windham.
Dr. H. W. Buel, Litchfield.
Dr. Geo. W. Burke, Middlesex.
Dr. A. R. Goodrich, Tolland.

The Committee on Unfinished Business reported favorably on an amendment to Sec. 7, Chap. IV, on the duties of county censors, which will be found incorporated in the section. As several changes have been made since last printed, the by-laws are found entire, as they now stand, in the Appendix. On motion of the Secretary the report was accepted and the committee discharged. The by-law was then formally passed.

A recess was then taken for election of the nominating committee. The Fellows reported the following names:

Geo. W. Avery, M.D., Hartford County.
Prof. F. E. Beckwith, M.D., New Haven County.
J. G. Stanton, M.D., New London County.
Geo. L. Porter, M.D., Fairfield County.
A. E. Hill, M.D., Windham County.
Willis J. Beach, M.D., Litchfield County.
Miner C. Hazen, M.D., Middlesex County.
A. R. Goodrich, M.D., Tolland County.

The session was then resumed with the Treasurer's report from Dr. E. P. Swasey. The following is an abstract :

Balance on hand from old account, May, 1882, -	$447.97
Cash received during the fiscal year, - -	611.98
	$1,059.95
Expenditures during the fiscal year, - -	$421.80
Balance in Treasury, May, 1883, - - -	$638.15
Increase of receipts over those of 1881, - -	$49.08
Decrease of expenditures from those of 1881, -	76.37
Excess of receipts over expenses, - - -	190.80
Excess over balance of last year, - - -	191.18
Amount due on taxes previous to 1882, - -	Nothing.

Since the session of the Convention the amount due from the Fairfield County Medical Association has been collected in full. It appears to have been due to a misapprehension that the matter was not attended to before the meeting of the State Convention. This gives us four counties free from debt, Hartford, Fairfield, Windham, and Tolland. As a clear record for the year is so desirable a thing, and prompt payment of honest dues so commendable, this correction is cheerfully made. This makes the balance $700.00 in round numbers, the increase in receipts over those of last year a hundred dollars, the excess of receipts over expenses $248.80, and the excess over the balance of last year $249.18, and leaves only $42.00 due on the tax laid in 1882, from four counties. This is the largest balance yet reported, as far as I can ascertain, and is quite a contrast to that of 1876.

Amount due on taxes of 1882.

Hartford County, James Campbell, M.D.,	clerk,	Nothing.
Windham County, R. Robinson, M.D.,	"	"
Tolland County. G. H. Preston, M.D.,	"	"
Middlesex County, J. F. Calef, M.D.,	"	$4.00
New London, A. Peck, M.D.,	"	12.00
New Haven County, W. H. Holmes, M.D.,	"	12.00
Litchfield County, J. J. Newcomb, M.D.,	"	14.00
Fairfield County, F. M. Wilson, M.D.,	"	58.00
Total,		$100.00

Some of this should be subtracted for abatements, but the greater part is collectible. The increase in the receipts for the past two years is due to the collection of arrearages. These were all cleared up except in one county year before last, and in that county this last year, so that although the indebtedness on the present tax is larger than it has been for several years, the clean score quite compensates. If the members generally were aware of the trouble and confusion in the accounts caused by these arrearages, which more than double the work of the Treasurer, they would promptly pay their dues, a small matter for each one, but large in the aggregate. The Society is under great obligations to the efficiency and persistency of the County Clerks. By their untiring energy the arrearages have been all paid up, and there is only a small part left due on this year's tax. The accounts which have been in a very unsatisfactory condition in some instances have been entirely straightened, and put in such shape that no confusion need hereafter arise, with ordinary care. The contrast between such efficient work, and the reverse, which has been too often seen, emphasizes the value of faithful service, and the importance of retaining in office such clerks as long as they will consent to serve. The relations of the County Clerks to the Treasurer also make a change undesirable, as the new clerk, however efficient he may become, must learn his duties. It is of course very satisfactory to see the balance in the treasury increasing, and that we have the largest balance for many years, if not at any period of the Society's history. Unless the expenses are very much increased we have quite a surplus over a working balance. If this can be made a permanent condition, the financial state will be satisfactory indeed.

While the receipts of the past year have considerably exceeded those of any previous year, and make altogether an excellent showing, the satisfactory record of the counties for 1881 is not maintained in 1882, for of the eight counties in 1881, but one was in debt, and in 1882 only three at the time of the annual meeting are entirely out of debt. The indebtedness of all the counties, however, is small, not exceeding one hundred dollars. The large increase in receipts this year is mainly due to the energy and zeal of Dr. Holmes of Waterbury. In rendering his account Dr. Holmes writes: "When I became clerk there was a large amount of unpaid taxes due, many of the accounts running back three and four years. I have collected the whole of these back taxes, thus leaving every account square up to 1882. I have collected all of the taxes for 1882 with the exception of those due from six members. The books of New Haven county were very badly behind hand when I received them, and it has been only at the expense of very great labor that I have succeeded in bringing them up to their present condition."

In Fairfield county a change of clerks was made the present year, which may account for this county falling again into arrears.

The total indebtedness of the present year is so small that it would appear reasonable and probable that the ensuing year might see all indebtedness of the county societies to the mother Society extinguished, a condition most nearly approached, as yet, by my predecessor, Dr. Edgerton, whose labors, combined with suggestions from Dr. Chamberlain to the county clerks, resulted in so satisfactory a report last year, and bequeathed to me a burden of much smaller dimensions than when he assumed the duties of Treasurer.

The report of the Treasurer was referred to the Auditing Committee, who, after comparing it with the accompanying vouchers, declared it to be correct. On motion of Dr. Chamberlain the report of the Auditing Committee was accepted and the committee discharged.

The Committee on Honorary Members and Degrees reported that there had been no recommendations for an honorary degree brought before them. They recommended the election of Dr. John S. Billings, Assistant Sugeon-General U. S. A., of Washington, as an honorary member, and proposed the names of Dr. James E. Reeves, of Wheeling, West Virginia, and Prof. T. A. Emmett,

of New York, for action next year. The report of the committee was accepted and the committee discharged.

Dr. J. S. Billings was then unanimously elected an honorary member of this Society.

The President then announced the following committees on increasing the number of Fellows, making the Secretary a permanent officer, and other amendments to the by-laws suggested in his address:

W. C. Wile, M.D. Prof. W. H. Carmalt, M.D.
Charles Gardiner, M.D.

Committee on New Remedies.

A. R. Goodrich, M.D. G. W. Avery, M.D.
A. Beardsley, M.D.

The duties of this second committee are to report to the next convention upon the most prominent new remedies, not exceeding four or five, and to ascertain their value by correspondence, medical literature, or otherwise. It was also moved that this committee be added to the standing committees of the Society, and referred to the next convention for final action, as a by-law.

The committee to secure from the legislature a revision of the laws of the State relating to Coroners, presented the following report through their chairman, Prof. S. G. Hubbard, M.D. of New Haven:

REPORT ON THE LAW CONCERNING CORONERS.

The Committee "charged with the duty of bringing before the attention of the legislature the great importance of a change in the laws providing for the detection of crime, and particularly to change the laws respecting the appointment and duties of Coroners," have held no meeting. But, bills prepared by the undersigned, and by others, with this object in view, were presented to the legislature and came in due course before the committee on the Judiciary, by whom they were carefully considered. The result has been the preparation by that committee of a substitute bill, which, after having been in its turn critically examined by physicians and lawyers, reached a state of completeness which received the general approval. As an evidence of the great superiority of this bill over any other of which we have any knowledge, it may be added that it was promptly passed by the unanimous votes of both branches of the General Assembly, and will soon be in practical operation as the law of the State.

S. G. HUBBARD,
Chairman.

The report was accepted and the committee discharged.

Dr. Chamberlain spoke of the work accomplished by Drs. Cleveland and Porter, each of whom visited Massachusetts several times to learn the practical working of the system there upon which ours is based, as it has the essential features, a legal officer to manage testimony and all the technical legal points involved, and the medical examiner, who has full management of the parts of the investigation which a physician alone can properly perform. He is first called and has thus every opportunity to learn all that can be learned by the position of the body and of its surroundings before such evidence is irretrievably lost.

The pernicious feature of the old law which made every Justice of the Peace a Coroner was entirely repealed. The bill as passed was the result of the work of a special committee from the judiciary, and the Society are greatly indebted to W. W. Perry, Esq., representative from Hartford, for securing the rights and privileges of physicians in the bill as passed. The claims of the medical examiner and the province of the physician in the work to be done were intelligently and forcibly presented by him to the committee, and secured recognition. The success of the law depends largely upon the fidelity of the medical examiners. As it is not every physician that understands medical jurisprudence it is expected that the position of Medical Examiner will be sufficient inducement for special study, at least how to conduct an autopsy scientifically. The German government issues a manual of instructions. Such works as Delafield's on Post Mortems, and that of Virchow on the same subject, smaller and more concise, contain all that is necessary to enable one to obtain all the information absolutely required in making autopsies.

Dr. Porter spoke of the work done by the Medical Societies in Fairfield county. The Bridgeport society had already prepared an ordinance similar to the present law, but found it could not be passed, as contrary to the State laws. The subject had been fully discussed in both city and county societies, and the attention of the public faithfully called to the evils of the present system which they had felt peculiarly and often. He spoke of the pecuniary loss inflicted upon physicians under the old law, who were compelled to perform a vast amount of work for which they received no pay. This was especially true in the country towns and large villages, as many

members of the Society could testify. He presented several copies of the law to the Society, as many as he could obtain.

As the law interests the profession generally, it is here printed for the information of all interested.

An Act Concerning Coroners.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

SECTION 1. The judges of the superior court at their annual meeting next to be held after the passage of this act, and every third year thereafter, shall appoint for each county, upon the recommendation of the state's attorney for such county, a coroner who shall be an attorney at law residing in such county, familiar with criminal practice and medical jurisprudence; which coroner when so appointed shall hold his office for the term of three years from the time of his appointment, and until another shall be duly appointed in his stead, unless he be sooner removed from office by said judges, who may, for cause shown, so remove him, and who may, on the recommendation of the state's attorney for the county, fill any vacancy in said office of coroner.

SEC. 2. Every coroner so appointed, before entering upon the duties of his office, shall be sworn and give bonds with surety in the sum of three thousand dollars to the state, conditioned for the faithful performance of all the duties of said office.

SEC. 3. The coroner shall appoint for each town of the county an able and discreet person, learned in medical science, to be medical examiner, who shall give a bond with surety in the sum of one thousand dollars to the coroner for the faithful discharge of the duties of his office, and who shall hold his office at the pleasure of the coroner. The coroner shall make such appointments in writing under his hand, and the same shall be recorded in the records of the superior court in his county. And whenever any medical examiner shall be removed, the coroner shall deliver to him a written discharge, and file a copy thereof with the clerk of the superior court for record.

SEC. 4. When any person shall come to a sudden, violent, or untimely death, and when any person shall be found dead, the manner of whose death is not known, any one who shall become aware of such death shall forthwith report the same to the medical examiner for the town in which the dead body lies, who shall pay the person first reporting such death fifty cents therefor, and who shall without delay repair to view and take charge of the dead body.

SEC. 5. Whenever after such view and immediate inquiry the medical examiner shall be satisfied that the death was not caused by the criminal act, omission, or carelessness of another, or others, and that there are no suspicious circumstances attending the same, he shall forth-

with make out, sign, and leave with the registrar of births, marriages, and deaths of the town, a certificate of death in the form required by law; and he shall also, immediately after such view and inquiry, make out and mail or deliver to the coroner of his county a certificate signed by him of the following or similar import:

I, the undersigned, A. B., medical examiner, having notice of the death of C. D., a [*white or colored*] male years old, late of the town of in [*or if an unknown person state that fact and carefully describe the body, its clothing, and articles found on or near it which may be of service in its identification, always stating sex, color, apparent age, color and cut of hair, beard, color of eyes, and all special marks or deformities of body*], who, on the day of A. D. 18 , [*was found dead, or died,*] in the town of , having viewed the body of said deceased, and made immediate inquiry concerning h death, do hereby certify that said C. D. died in on the day of A. D. 18 , from [*natural cause, suicide, or accident, as the case may be, stating manner of suicide and nature of accident,*] and that I am satisfied that the said death was not caused by the criminal act, omission, or carelessness of any other person or persons, and that an inquest is unnecessary. In accordance with the statute I have delivered the body of said deceased to [*his friends or town authorities*] for burial.

[Dated] A. B., *Medical Examiner.*

SEC. 6. Whenever a medical examiner shall see reason to suspect that the person whose body he has viewed came to his or her death by the criminal act, omission, or carelessness of another or others, he shall as speedily as possible by telegraph, telephone, or otherwise, notify the coroner for the county of such death and of the place where the dead body is lying. Whenever the coroner has such notice he shall at once, and on other notice may, proceed to view and take charge of the dead body, and make all proper inquiry respecting the cause and manner of the death; and if from such view and inquiry he shall be satisfied that the death was not caused by the criminal act, omission, or carelessness of another or others, then said coroner shall make and sign the certificates required in like cases of medical examiners by section five of this act.

SEC. 7. After a view and inquiry had by the coroner, if he shall have reason to suspect that the death was caused by the criminal act, omission, or carelessness of another or others, he may cause an examination or autopsy to be made of the body by the medical examiner or by some other competent surgeon or physician, who shall reduce or cause to be reduced to writing, either at the time of making such examination or autopsy or immediately thereafter, and when practicable in the presence of the dead body, every fact and circumstance found by such examination or autopsy which tends to show the identity or condition of such

dead body, and the time, manner, and cause of such death; which writing he shall subscribe under oath and deliver to said coroner. The taking of the testimony of such medical examiner, physician, or surgeon, and of any other person or persons whom the coroner may find it necessary to examine, shall constitute an inquest.

SEC. 8. Should the coroner deem it necessary, he may by warrant cause a jury of six judicious men of his county to be summoned before him to assist him in his investigation, which jury shall be by him sworn to diligently inquire, under his direction, into the cause and manner of such death and to present to him, on their oaths and over their signatures, a true verdict thereof. The coroner shall instruct said jurors in their duties and as to all questions of law that may properly arise at such inquest; he may adjourn such inquest to meet again at such time and place as he shall think proper, and he may order any inquest or any part thereof to be held in private, in which case only the persons by him designated shall be allowed to remain in the room or place where such inquest is being held.

SEC. 9. If the verdict or finding in any inquest charges any person or persons with having caused the death which is the subject of the inquest, the coroner shall without delay communicate the import of said verdict or finding to a grand juror or a prosecuting attorney of the town or city in which such death happened or was caused.

SEC. 10. The coroner shall reduce to writing, and shall, within ten days after any inquest has been held, return the testimony of all witnesses examined in the inquest to the clerk of the superior court in his county, together with his report of the inquest, which shall include his finding or the verdict of the jury, and he shall also return to said clerk all certificates sent him by the medical examiner in accordance with section five of this act, and all similar certificates by him made.

SEC. 11. Every coroner shall keep a proper and durable record book into which he shall copy all the certificates sent to or made by him as prescribed by sections five and six of this act, and in which he shall also keep a record of all views, inquiries, and inquests by him made or held, stating the time and place of the view and inquest, the names and residences of the witnesses, the cause and manner of the death as found, the disposition and place of burial of the dead body, and a careful description of all dead bodies not identified before burial.

SEC. 12. Whenever a coroner has notice that there is in his county a person who has been dangerously wounded or injured by the criminal act, omission, or carelessness of another, and who is likely to die from such wounds or injuries, he shall endeavor to take or cause to be taken the statement of such person concerning the manner in which, and the person by whom, such injuries were inflicted.

SEC. 13. In all cases arising under the provisions of this act the

medical examiner shall take into his possession and shall deliver to the coroner all the property found upon or near the deceased person, or which, in his judgment, will aid in the investigation of the death; and when such articles are no longer required to be kept for the purposes of justice the coroner shall deliver the same to the person or persons entitled to their custody, or if they are not claimed by such persons within sixty days thereafter, then such articles or property shall be administered upon according to law. After the termination of all proceedings by the medical examiner and coroner the body shall be forthwith delivered to the friends of the deceased for interment; but in case there are no friends who will take charge of and bury it, then to the proper authorities of the town in which such body is lying, whose duty it shall be to bury it. Whenever the deceased person shall not have left property sufficient to defray the expenses of the burial, then the same shall be paid by said town.

Sec. 14. For the purpose of securing evidence the coroner may enter any and all places in his county; shall have power to issue a warrant for a jury of inquest, to compel the attendance and testimony of witnesses by subpœna and capias issued by him or other proper authority, and to punish for contempt to the same extent as justices of the peace now may in criminal cases; he may order and cause witnesses to be kept separate, so that they cannot communicate with one another until they shall have testified; he may order or cause any person or persons whom he has good reason to suspect of having criminally caused the death in regard to which he is holding an inquest to be arrested and committed to the county jail or other proper place; he shall have power to take bail in such cases, or commit without bail when in his opinion the person arrested is guilty of a capital offense and when the proof against such person is evident or the presumption great. When bail is taken it shall be to the state and shall be conditioned for the appearance of the person so arrested before the superior court for such county at its next criminal term. Any person so arrested and admitted to bail may be re-arrested and committed by the coroner without bail, when in the opinion of the coroner the proof is evident or the presumption great that such person is guilty of a capital offense. In no case shall any person be kept under arrest by an order from a coroner for a longer time than twenty-four hours after the finding of a verdict by the jury, or after the finding by the coroner in such inquest; and at any time before such finding, whenever the grounds on which a person is so arrested cease to exist, in the opinion of the coroner, said coroner shall order the release of such arrested person.

Sec. 15. All process, orders, and papers proper to be issued by a coroner may be directed to any proper officer, and it shall be the duty of any such officer to serve such papers and process as directed, and,

when requested, to remain in attendance on such coroner and to execute his lawful orders during any inquiry or inquest by him being held.

SEC. 16. Every officer who shall wilfully violate any of the provisions of this act; and every person who shall wilfully, and without good cause, neglect or refuse to serve on a jury of inquest when duly summoned; and every person who shall wilfully, and without good cause, neglect or refuse to report a case of death as prescribed in sections three and eighteen of this act, or who shall wilfully and unnecessarily touch, remove, or disturb any dead body, or any article on or near such body, or disturb its surroundings, shall be punished by a fine not exceeding five hundred dollars, or by imprisonment not exceeding one year, or by such fine and imprisonment both.

SEC. 17. Every coroner shall for such time as he may designate appoint a deputy, who shall only act as such in case of the sickness, absence from his county, or other inability of the coroner, and when so acting, and for such time only, such deputy coroner shall have the same powers and duties as are by this act given to coroners, and while so acting shall receive the same fees as are herein provided for the coroner in like cases.

SEC. 18. In case of the absence or inability to act of the medical examiner it shall be the duty of any person becoming aware of the death of any person under the circumstances named in section four to report the same forthwith to the most accessible medical examiner for another town, who shall thereupon proceed to perform the duties and shall have the powers of the local medical examiner so absent or unable to act.

SEC. 19. In case the attendance of a coroner or of his deputy cannot be procured within thirty-six hours after the medical examiner has taken charge of a dead body, upon which an inquest ought to be held in accordance with this act, or sooner in case of the known inability of the coroner and his deputy to attend, the medical examiner who first took charge of such dead body may then hold such an inquest thereon, and in and for such case only such medical examiner shall have all the powers and be subject to all the duties given to and prescribed for coroners by this act; but the coroner, or in case of his inability his deputy, may at any time enter and take control of such inquest, and thereupon such medical examiner shall be relieved from all further powers and duties therein.

SEC. 20. If in any case it shall appear to the coroner to be necessary to have a chemical or microscopical analysis, or other scientific investigation, for the purpose of ascertaining the cause of the death of the person on whose body he is holding an inquest, he shall so report to the state's attorney of his county, who may order such analysis or investigation to be made, and who shall certify to the expense thereof,

which expense shall then be paid by the state, on an order therefor by the clerk of the superior court of such county; and the fees of any physician or surgeon for services rendered under the provisions of section seven of this act shall be certified and paid in the same manner.

SEC. 21. The following fees shall be paid by the coroner: a sum not exceeding five dollars for services rendered in bringing to land the dead body of a person found in any of the waters of his county; for pictures of a dead body, a reasonable sum; for keeping and removing dead bodies, and other incidental services and expenses, a reasonable sum; to the medical examiner, ten cents per mile for travel, and for an external examination only, the sum of five dollars; for an autopsy, twenty dollars; to the officer serving any process or papers, the same fees as for similar services rendered in criminal prosecutions, and for attendance on the coroner when requested, one dollar and fifty cents per day; to witnesses the same fees as in criminal prosecutions; but police officers of cities shall not be paid any fee by the coroner for serving papers, testifying before or attending on him.

SEC. 22. For the services required of and rendered by coroners under this act, they shall receive the following fees, to be paid quarterly in the manner provided in section twenty-three: for each day necessarily employed, fifteen dollars; and for each legal page of records and copies necessarily made after the termination of an inquest, forty cents.

SEC. 23. Every coroner shall return to the clerk of the superior court of his county a full account, signed and sworn to by him, of all his lawful fees, expenses, and payments in each view or inquest, which account said clerk shall submit to the state's attorney for such county, who shall endorse the same, if correct, or such items thereof as are correct, and the sums so indorsed shall be paid by the state on an order therefor by such clerk.

SEC. 24. All acts and parts of acts inconsistent herewith, including chapter twenty-three of title thirteen of the general statutes (page 181), and part one of chapter two, title sixteen of said statutes (page 205), and section thirty-one of chapter twelve, title twenty of said statutes (page 529), and chapter thirty nine of the public acts of 1882 (page 139), and the provisions of all special acts giving authority to hold inquests on dead bodies, or perform any of the duties assigned to coroners and medical examiners by this act, are hereby repealed.

Approved, May 1, 1883.

The Committee on County Resolves presented the following report:

Your committee would respectfully report that they have

received a set of resolutions from the Middlesex County Medical Society, as follows:

WHEREAS, We are informed that Dr. R. Baker, an old and active member of this society, presented to the last annual State Medical Convention an interesting and respectable paper on "Specialties in Medicine," which was referred by that body to the Publication Committee for a place in the transactions of said convention; and that said paper was rejected by said committee, even after it was put in type, on the ground that it contained sentiments diametrically opposed to the views of said committee, therefore

Resolved, That we, the members of the Middlesex County Medical Society, do hereby express our disapproval of the conduct of said committee, as prejudicial and unjust to the members of the medical profession of our State in general, as well as to the writer of said paper.

Resolved, That the clerk of the Middlesex County Medical Society be, and is hereby, instructed to transmit a copy of these resolutions to the next State Medical Convention, and that said convention be requested to take such action in the premises as it shall deem proper.

HADDAM, Conn., April 26, 1883.

A true copy.

[Attest.] J. FRANCIS CALEF, M.D.,
Clerk.

And after careful examination and the hearing of parties on both sides, do report as follows:

That the paper of Dr. R. Baker on "Specialties in Medicine" not having been read before the Middlesex County Medical Society, nor before the State Medical Association, but having been referred to the Committee of publication for their acceptance or rejection; that neither the State nor County Societies knowing anything of the contents of said paper, it was eminently proper for said committee to act thereon; in fact, being in direct accordance with their official duty. But that your committee would deprecate and disapprove of the main reason given by the chairman of said committee in a letter to Dr. Baker why his paper had been rejected, your committee holding that a paper not corresponding to the personal views of the Committee of Publication, should under no circumstances constitute a reason for its rejection.

Respectfully submitted,

A. R. GOODRICH,
W. J. BURKE, JR.,
CHAS. GARDINER.

On motion of Dr. Chamberlain, the report of the committee was accepted and the committee discharged.

The Nominating Committee presented the following list of officers, which were duly elected. When the delegates to the various medical societies were reached it was voted that the secretary be instructed to cast the vote of the society for the persons nominated by the committee. All others were elected by regular balloting:

President. E. B. Nye, M.D., Middletown.
Vice-President. B. N. Comings, M.D., New Britain.
Treasurer. E. P. Swasey, M.D., New Britain.
Secretary. S. B. St. John, M.D., Hartford.

Committee on Matters of Professional Interest in the State.

W. C. Wile, M.D., J. H. Granniss, M.D.,
E. C. Kinney, M.D.

Committee on Examination.

Geo. F. Lewis, M.D., Bridgeport, M. Storrs, M.D.

Committee to Nominate Professors at the Medical Department of Yale College.

J. G. Stanton, M.D., J. B. Kent, M.D.

Committee to Nominate Physician to the Retreat for the Insane.

R. Hubbard, M.D. R. W. Matthewson, M.D.

Committee of Publication.

I. W. Lyon, M.D.

Committee of Arrangements.

J. F. C. Foster, M.D., *Anniversary Chairman,* C. P. Lindsley, M.D.
S. G. Chapman, M.D.

Dissertator.

N. E. Worden, M.D.

Alternate.

W. H. Holmes, M.D.

Delegates to American Medical Association.

Drs. G. W. Avery, S. G. Hubbard, W. C. Burke, Jr., L. S. Paddock, T. M. Hills, W. J. Beach, S. G. Risley, W. B. Hallock, F. L. Dibble, F. J. Young.

Delegates to Maine Medical Association.

P. H. Ingalls, M.D., C. J. Fox, M.D.

Delegates to New Hampshire Medical Association.

M. C. Hazen, M.D., G. W. Russell, M.D.

Delegates to Vermont Medical Association.

Seth Hill, M.D., Frank Coates, Jr., M.D.

Delegates to the Massachusetts Medical Society.

F. E. Beckwith, M.D., J. G. Stanton, M.D.

Delegates to the Rhode Island Medical Association.

C. M. Carleton, M.D., R. M. Griswold, M. D.

Delegates to the New Jersey Medical Society.

H. P. Geib, M.D., J. G. Gregory, M.D.

When the delegates to the New York Medical Society were reached, Dr. Porter moved that the nomination be laid upon the table and referred to the official withdrawal of Fellowship from the New York State Society by the American Medical Association, and held that while we remained members of the National Association we could not hold official relations with them.

The motion was passed without debate.

On motion of Dr. Chamberlain, it was voted that the annual tax of two dollars, payable on and after June 1st, 1883, be assessed upon each member of the society, also that seven hundred copies of the Proceedings be published.

The Committee on Business then reported upon the following subjects that had been referred to them. With reference to the Army Medical Museum and Library of the Surgeon-General's Office, they reported the following series of resolutions, which were passed unanimously:

ARMY MEDICAL MUSEUM.

WHEREAS, The collections known as the Army Medical Museum and the Library of the Surgeon-General's Office, have been demonstrated to be of practical benefit and usefulness to the medical profession of this country generally, and are recognized by them as of inestimable value, no such collections being in existence elsewhere in this county. Therefore they should be so cared for as to render damage or destruction impossible. As this is not the case in the building in which they are now placed, it is

Resolved, That in the opinion of the Connecticut Medical Society the importance of the interests involved demands from Congress a liberal appropriation, sufficient to build a fire-proof building suitable for the present wants of both collections, and to provide for their future growth and increase.

Resolved, That as these collections have a similar object and aim, their interests are inseparable, and that any change in management or their separation would be a serious injury to their usefulness and value, and would essentially impair the benefits to be derived from each, as one supplements the other.

Resolved, That there should be a fair appropriation made annually by Congress for the proper care and development of these collections, and for such purchases as are needed to maintain the high standard of excellence at present attained—not less than fifteen thousand dollars a year.

Resolved, That Congress should extend suitable aid and encouragement to the "Index Catalogue of the Library of the Surgeon-General's Office," a work in which the medical profession, not only of this country, but of the world, are interested, and make such appropriations as are needed to push this work to a speedy completion.

Resolved, That a copy of these resolutions be sent to every member of Congress in this State, and their co-operation requested; also, that the members of this society be requested to use any personal influence they are able to exert, to demonstrate to the members of Congress the nature and value of these objects, and their practical usefulness."

The committee also reported that the plan of a Medical Register of the New England States met their approval, but that if any pecuniary responsibility was to be incurred, it should be referred

to the County Societies. No further action was taken upon the subject.

The following amendments to the by-laws were reported to the next convention:

All remarks made in the discussion of any subject shall be committed to writing by the person making them either before or immediately after they are made. The Secretary shall provide suitable tablets at the expense of the society for this purpose.

No voluntary paper shall be published which has not been read before some County Medical Association, and recommended by them.

Each County Society shall appoint one of the Fellows elected to serve as a member of the nominating committee, and another as his alternate to act in his absence only.

The following by-law was passed:

Each County Society shall elect as many alternates as they elect Fellows, who shall act in case of absence of their primaries.

The object of this is to facilitate the work of the convention and enable a delegation from each of the counties to be present and participate in all business transacted.

Upon motion of Dr. Chamberlain it was voted :

That the Secretary be requested to memorialize the legislature to pass a law requiring that all patent and proprietary medicines sold in this State shall have the working formula by which they are made, plainly and legibly printed upon the label, and none allowed to be sold that do not comply with this provision; and that a heavy fine be imposed in case analysis shows any essential deviation from the formula, the expense of the analysis in such case to be paid by the manufacturer.

The committee on the recommendations of the President, reported as follows :

Your committee appointed to take into consideration the recommendations made by you in your address to-day have the honor to report as follows :

In the matter of making Ex-Presidents permanent Fellows, we would suggest that the By-laws of the Society be so altered as to accomplish this result. In reference to a permanent Secretary, we heartily concur in this recommendation, and suggest such action by this Society as shall bring about this result, and also recommend that fifty dollars be paid the Secretary, and twenty-five dollars for Treasurer.

In reference to increasing the number of Fellows, that all counties that have a membership of twenty-five be entitled to five Fellows each, and all under twenty-five, three each. All societies having a membership of over twenty-five be entitled to one fellow additional for

every twenty members or fraction thereof. We would also recommend that section three of Chapter V be repealed.

W. C. WILE, M.D.
W. H. CARMALT, M.D.
CHAS. GARDINER, M.D.

This would result as follows:

Hartford,	4—9
New Haven,	6–11
New London,	1—6
Fairfield,	3—8
Windham,	1—6
Litchfield,	1—6
Middlesex,	1—6
Tolland,	—3
	55
Now,	38
Increase of	17

The report of the committee was accepted and the committee discharged. Their recommendations will be acted on next year.

The Committee on Examination reported through their Secretary, Dr. J. H. Grannis. On motion of Dr. Chamberlain the report was referred to the Committee of Publication. (See Appendix A.)

The Committee appointed last year on the Revision of the Code of Ethics reported as follows:

Mr. President and Fellows of the Connecticut Medical Society: Your committee believe that the welfare of the Medical Profession will be best promoted by a faithful, honest, and honorable observance of the Code of Ethics as established by the American Medical Association.

We furthermore believe that if at any time in the future it may be deemed expedient to change, or alter the code in any way, that the proper place to make the change is in its home, viz.: the meetings of the American Medical Association. We therefore recommend that the whole subject be laid upon the table.

ELIJAH C. KINNEY, M.D.,
C. A. LINDSLEY, M.D.,
GEO. W. AVERY, M.D.,
} *Committee.*

The report was accepted and the committee discharged.

The convention then adjourned to meet the fourth Wednesday in May, 1884, at New Haven, or when called to a special session by the President.

C. W. CHAMBERLAIN, M.D.,
Secretary.

THE ANNUAL CONVENTION.

THURSDAY, May 24th.

The second day's exercises commenced promptly at nine, with the report of the Secretary, Dr. C. W. Chamberlain, of the matters of interest in the history of the Society for the past year. In retiring from office, a brief retrospect of the past eight years was included, and some contrasts made between the state of affairs then and now.

SECRETARY'S REPORT.

The year has been like its immediate predecessor, one of uninterrupted prosperity; the gain in numbers has been about the same, and the gain in finances as marked in many respects as that of last year. There are now no arrearages, and such a state of affairs once inaugurated will in all probability continue, as it is much harder to secure than to maintain, although the latter will give the County Clerks full occupation for awhile until the habit of prompt payments becomes generally established. Great credit is due the County Clerks for their faithful endeavors.

The prosperity of the Society depends largely upon the faithfulness and zeal of the Clerks of the County Societies. Indifference here, and negligence, soon throws the financial affairs into almost inextricable confusion, and the same methods are transmitted from one clerk to another. On the contrary, if a clerk by persistent effort secures full payments during his term of office, his successor will endeavor to accomplish as much. It is thus that the custom of full payments has been maintained so long in three of the counties, and introduced once at least in all. The work is hard and thankless to a certain extent, but efficient clerks should be retained as long as they will serve, and they should consult the best interests of the Society by long terms of office. The only drawback to the general prosperity which has characterized this year has been the large number lost by death. The death rate is considerably above the average of that for the last eight years. The whole number of deaths among the members of the Society reported in the State since our last session is fourteen. We also lose one honorary member, Dr. Wm. Pierson Sr., of Orange, New Jersey. The losses by death include several of the oldest and most active members of the society; some that have honored the

profession and left behind them enduring monuments of the results of their labors. The grateful memory of a well spent life; an unspotted name is the common heritage of nearly all ; and if misfortune overtook some of our numbers, and their lives went out in darkness leaving clouded names, we can derive a sad warning from their fate, and point with just pride to the comparatively small number of our profession that require the charity of silence. The well known and honored names among the dead of the year sadly reminds us of the irreparable losses we have sustained. There are many like Dr. G. H. Preston, whose cheery presence and hearty greetings will long be missed at these gatherings—many who were among the most active and earnest of our members. The name of Dr. George B. Hawley is well known in connection with humanitarian enterprises, and is commemorated for all time in the Hartford Hospital and Old People's Home, which owe their existence to his untiring energy. The fame of Dr. E. P. Bennett as a surgeon was not limited by the bounds of his own State nor native land.

The names of those that have died are as follows:

Dr. Wm. Pierson Sr., Orange, New Jersey, Honorary Member; Marcus L. Fiske, M.D., Warehouse Point; George A. Hurlburt, M.D., Buckingham; George B. Hawley, M.D., W. H. Tremaine, M.D., Hartford; Francis F. Allen, M.D., Granby; Mason Manning, M.D., Mystic; E. P. Bennett, M.D., Danbury; W. H. Trowbridge, M.D., Stamford; F. V. Brush, M.D., Norwalk; E. Huntington, M.D., Windham; Garry A. Miner, M.D., Morris; B. S. Thompson, M.D., Salisbury; C. H. Gilbert, M.D., Morris; G. H. Preston, M.D., Tolland.

The new members outnumber all our losses by death, removals, and other changes, so that there is a net gain in membership of about ten. There are thirty-one new members distributed among the respective counties, as follows: Hartford, twelve; New Haven, five; New London, Fairfield, Windham, three each; Middlesex, one; Litchfield and Tolland, two.

The following is the list, with dates and places of graduation and post-office addresses:

New Members.

Edward K. Root, M.D., Univ. N. Y., 1879, Hartford.

P. H. Ingalls, M.D., College of Physicians and Surgeons, N. Y., 1881, Hartford.

L. A. Davison, M.D., Univ. N. Y., 1882, Hartford.

John Howard, M.D., Dartmouth, 1881, Hartford.

Charles A. Fox, M.D., College of Physicians and Surgeons, N. Y., 1881, Hartford.

A. Abrams, M.D., Albany, 1881, Hartford.

F. I. Smith, M.D., Yale, 1882, Hartford.

Geo. E. Markham, M.D., Univ. N. Y., 1882, Burnside.

Roswell Fox, M.D., Univ. N. Y., 1847, Wethersfield.

G. J. Holmes, M.D., Albany, 1882, New Britain.

Geo. W. Edwards, M.D., Univ. N. Y., 1862, Granby.

Arnold Eberg, M.D., Dartmouth, 1879, Simsbury.

John F. Luby, M.D., College of Physicians and Surgeons, N. Y., 1878, New Haven.

Charles H. French, M.D., Bellevue Hospital Medical College, 1880, Waterbury.

James Ramsey, M.D., Bellevue Hospital Medical College, 1879, Waterbury.

Charles S. Rodman, M.D., College of Physicians and Surgeons, N. Y., 1868, Waterbury.

Edward R. Roberts, M.D., Yale, 1880, Fair Haven.

H. P. Smith, M.D., College of Physicians and Surgeons, N. Y., Norwich.

A. L. Robinson, College of Physicians and Surgeons, Baltimore, Norwich.

A. T. Douglass, M.D., Univ. N. Y., 1849, New London.

W. A. DeForest, M.D., Univ. N. Y., 1869, Bridgeport.

W. H. Donaldson, M.D., Univ. N. Y., 1881, Bridgeport.

J. J. Berry, M.D., Univ. N. Y., 1878, South Norwalk.

Nathaniel Hibbard, M.D., Harvard, 1882, Danielsonville.

W. Foster Warren, M.D., Harvard, 1882, Putnam.

H. M. Bracken, M.D., College of Physicians and Surgeons, N. Y., 1877, also Licentiate Royal College Surgeons, Edinburg, 1879, Thompson.

S. G. Ketchum, M.D., Univ. Vt., 1880, Woodbury.

C. O. Belden, M.D., College of Physicians and Surgeons, N. Y., 1883, Litchfield.

W. M. Knowlton, M.D., Univ. Vt., 1880, Moodus.
T. M. Rockwell, M.D., Univ. N. Y., 1881, Rockville.
William H. Clark, M.D., Univ. N. Y., 1882, Tolland.

They are graduates of the following Medical Colleges: University of New York, 11; College of Physicians and Surgeons, N. Y., 7; College of Physicians and Surgeons, Baltimore, 1; Yale, 2; Harvard, 2; University of Vermont, 2; Dartmouth, 2; Albany, 2; Bellevue, 2. The Society now has 460 members, in round numbers.

The history of such legislation as the Society is especially interested in, has already been given. It is gratifying to note the increased influence of the Society upon public affairs, and the attention subjects receive in these conventions, upon which its voice should be heard. If all measures we sanction are well and wisely considered and carefully discussed before they are presented, our influence will increase. The coroner act is printed by request, and in the appendix will be found the act passed a few years since concerning itinerant practitioners. This is is also printed by request of many who desire ready access to its provisions. There have been so many changes in the by-laws, that it was thought desirable to reprint them as they now exist, and also the charter, for reference in the discussions, should any changes be proposed; these will be found in the appendix. I would recommend as a new by-law that once in four years the tabular history of the society from 1875, with the list of presidents from the organization of the society, be printed with the charter and by-laws and code of ethics, and a separate edition struck off enough to supply all new members for the next three years, and that the secretary be directed to send to every new member a copy. I have done this for the past three years, since 1879, and found the results warrant a continuance of the plan which I had intended formally to propose to the convention.

In retiring from the position of secretary of this Society, which I have held by your kindness for the past eight years, I desire to express my appreciation of the support that I have invariably received in all my efforts for the welfare of the Society. I have endeavored to the best of my ability to perform the duties of the office faithfully for the best interests of the Society. The history of these years has been a stirring one, and questions have been forced upon us for decision that would have been avoided had

it been possible. The Society should never allow its influence to be used to the detriment of any of its members, nor should it be the organ of any faction, to secure the favorite plans of the few. The subjects upon which its influence is exerted should be such as commend themselves to the profession generally and are of acknowledged value. It is no reproach that it is conservative; it should be, and can afford to wait for the verdict of time before endorsing any scheme or project.

That the duties of secretary are arduous as well as responsible, requires little reflection to perceive; the general guidance of the affairs of the Society devolves upon him,—as he alone as a rule keeps all its affairs in mind, and as a matter of interest as well as of duty, learns carefully from every available source the topics that are engaging the attention of the profession the world over. He is expected so to arrange the details of the Society's work, that the business shall all be transacted in an orderly way. By virtue of his office he is editor-in-chief of the transactions, in itself no small duty. The mischances of editors have been so graphically presented that I shall not attempt the task of recounting them; moreover he is chief literary critic, and thus responsible for all errors. The woes of the secretary's position have been so nicely set forth in brief by a worthy member of our profession, that I am tempted to quote:

"The secretary is held responsible for all errors and mischances; he is repeatedly reminded of each and every mistake with all the varying grades of emphasis, and a heavy draft upon the adjectives, with an occasional interjectional expression, if it might be so termed. For appreciation of his successes he must for the most part look to impartial critics outside of the society he serves. While blame is poured upon his devoted head, as well as fault-finding in unstinted measure, of praise he receives no whit for the most pains-taking endeavor."

There is much truth in these words, partly as a matter of necessity. Errors are brought to his attention that they may be corrected, while the good work is considered as simply the proper performance of duty. During these eight years I have formed very many pleasant acquaintances, and some friendships that are so strong and lasting that they make the petty discomforts of the place seem very small indeed. Many of the pleasantest associations of my life are connected with these meetings and the com-

panionships that have thus been rendered possible. That I have offended some, and incurred the ill-will of a very few, is a matter of necessity as this world is constituted. It is the saying of a witty Frenchman, that "it is only the inefficient that have no enemies." While I have to ask your kind forgetfulness of my mistakes, I must at the same time thank the Society for the cordial support I have so generally received throughout my whole term of service. I have both directly and indirectly endeavored by all means in my power to advance the interests of the Society, and make it a power in the State. We can make our influence felt by an intelligent watchfulness of the interests of the people—by presenting carefully considered legislative measures to our law-makers upon all subjects upon which the knowledge of the physician is indispensable. The physician does not occupy his true place in education, nor in the State, and it is only our own supineness or worse that we have to blame for the continuance of this state of affairs. Our educational methods should be based upon the physiological development of body and mind, instead of the theories of some philosopher, however fine spun they are. Our penal, reformatory, and charitable institutions should, in their planning and management, place the physician in an entirely different relation, where the principles of medical jurisprudence, the laws of body and mind, in a word, sociology, should have due attention. There has already been one important move made in the right direction, in the new coroner law, which recognizes the value of the services that the doctor alone can give the State, and places him where he can perform them, and properly remunerates him. Not to be too prolix, there are many places that should be filled by physicians, who alone can intelligently perform their duties. Thus the registrar of births, marriages, and deaths should be a doctor. It is amusing to see the way in which the laity wrestle with the technical terms of disease, but ceases to be so when the social interests involved are considered. The time will, and must come, if the world is to make progress, when the doctor will take his true place in public affairs. It is in the accomplishment of such objects as these that we can gain influence and accomplish results that will be of inestimable value to the State. We would thus do more to abolish quackery and pretension than by a dozen laws.

The interest in the Society and the zeal of members have apparently greatly increased during the eight years of my term of service.

Death has removed many who were made members by law and hence took little interest in its meetings, while the new members have been active and interested Time has healed many grievances, and there is now a state of general harmony and good fellowship. The average attendance has fully doubled, and the amount of literary material offered results often in an embarrassment of riches. The President's idea of a committee to report on new remedies is a good one, and one that will bear extension. A committee to report on the advances and improvements in surgery, one on the practice of medicine, and the like, would add new interest to our gatherings.

During this period of eight years there have been eighty-six deaths, and an average of thirty-two new members each year, so that deducting all losses there remains a net gain of a little over a hundred members. As elsewhere stated the Society now numbers four hundred and sixty; the average net gain for the past few years has been ten. The death rate, it is hoped, will decline, but the average age of the decedents has been over sixty, an advance over the usual estimate in New England, where the average age of physicians at death is usually stated as fifty-eight. Probably if a long series of years be taken the average would more nearly correspond.

In now formally closing my official duties, I desire to thank the Society for the cordial support I have uniformly received, and especially for the expressions of regret at their close. It is my earnest hope that the Society is but entering upon a long and progressive period of activity and progress that shall result in advancing the influence and standing of the profession throughout the State.

C. W. CHAMBERLAIN, M.D.

The Secretary elect, Dr. S. B. St. John of Hartford, then took his position at the Secretary's desk.

Prof. M. C. White offered the following:

Resolved: That the sincere thanks of this convention are hereby tendered to Dr. Chamberlain for his long, faithful, and arduous services for eight years as Secretary of the Connecticut Medical Society.

Dr. W. C. Wile spoke of the promptness with which the Transactions had been published by Dr. Chamberlain, and the high standard of literary excellence attained. The value of these yearly publications has been recognized by the Medical Press, which has received our publications in the most complimentary manner, as containing valuable contributions to medical literature.

He offered the following as a substitute for the resolution of Prof. White:

Resolved: That a committee of three be appointed by the Chair to prepare suitable resolutions expressing the thanks of this Society for the valuable services rendered by Dr. C. W. Chamberlain, for eight years its honored Secretary. That the committee be empowered to have the same suitably engraved, framed, and presented to Dr. Chamberlain as a slight appreciation of the value of his services to the Society.

This resolution was promptly seconded, and accepted by Prof. White, who withdrew his resolution, and the resolution of Dr. Wile passed without a negative vote. The President announced the following as the committee to execute the provisions of this resolution: Drs. W. C. Wile, M. C. Hazen, and Geo. W. Porter.

The President elect, Dr. E. B. Nye of Middletown, then took the chair, and the retiring President, Dr. Wm. G. Brownson, presented the annual address, which this year was in a poetical form; the innovation however met with universal approval. He selected for his subject "The Country Doctor." He was listened to very attentively and interrupted frequently with applause as some hit struck home to the appreciation of his listeners, to many of whom the experiences were very familiar. At its conclusion the following resolution offered by Dr. Geo. L. Porter was passed unanimously, upon the subsidence of the lengthened applause that was given the Doctor at the close of his humorous and faithful presentation of the peculiar trials and the rewards that fall to the lot of the Country Doctor:

Resolved: That the thanks of the Society be extended to Dr. Brownson for his classical and most interesting poetical address, and that a copy be requested for publication.

The President then introduced the following delegates to the convention, who addressed the society briefly, and presented the greetings of their societies.

Dr. G. J. Townsend from the Massachusetts Medical Society. Drs. H. G. Browning and Charles O. Leary from the Rhode Island Medical Society. Dr. T. D. Crothers presented credentials as a delegate from the American Association for the cure of Inebriates. He presented a paper on Inebriate Automatism, but as he was absent when its reading was called for, it was referred to the committee of publication.

The Secretary, Dr. St. John, then read the following telegram:

NEW BRUNSWICK, N. J., May 23, 188.

TO CORRESPONDING SECRETARY,

Connecticut State Medical Society at Annual Meeting.

Regret exceedingly that professional engagements prevent my attendance; if my associate delegate is not present please convey to your Society the hearty salutations of Medical Society of New Jersey, with expression of our hope that our society may have pleasure of welcoming your delegates at our annual meetings.

D. C. ENGLISH.

Dr. M. H. Henry and Dr. G. J. Sawyer of New York, were invited to be the guests of the society. There was no response to the call for reports from delegates from this society to other medical organizations.

The Secretary reported that he had received no reply from the dissertator, and the alternate had not been notified that the duty would devolve upon him.

Dr. Wainwright then presented his report as Chairman of the Committee on Matters of Professional Interest in the State; the reading of cases of interest he deferred until later in the day with the consent of the society; no organized effort had been made to secure reports on any special subjects.

Prof. M. C. White then exhibited to the society a micro-spectroscope which contained improvements of his invention, and presented a paper on the subject, in which the instrument was described and its points compared with other instruments.

The thanks of the convention were voted to Prof. White, and a copy of his paper requested for publication.

Dr. Wile related a case of extirpation of the entire uterus, performed as a forlorn hope. The patient survived five days. He also related a case of resection of the femur in a man aged forty-five, who had hip-joint disease when a boy, which was cured. He a year ago became paraplegic, and was treated for spinal myelitis for three months without relief, in New York, by the best specialists there. When he returned Dr. Wile discovered iliac abscess, and when permitted to operate found the head of the femur absorbed and a burrowing abscess reaching to the base of the scapula. After the operation the patient made a good recovery.

Dr. Burke related a successful case of complete extirpation of the uterus for cancer, and exhibited an instrument for placing the stitches high up without dragging down the broad ligament, which he considered one of the great dangers in this operation.

Dr. M. H. Henry then, by request of the Society, described the operation for varicocele which bears his name, with an exhibition and description of his clamp.

The thanks of the society were voted to Dr. Henry for his interesting description.

Dr. Chamberlain reported briefly two cases where this method had been successfully used in aggravated cases by Dr. Geo. C. Jarvis of Hartford. These added two more to the 250 successive operations reported by Dr. Henry, each of which had been completely successful.

Dr. Geo. L. Parmele of Hartford, then read an essay on "Some Points in Oral Surgery of Interest to the General Practitioner," in which he discussed the relations of diseased and imperfect teeth to digestive disorders and dyspepsia, and their reflex connection with other nervous diseases besides neuralgia, which was the only one generally recognized. The improvements in general health resulting from the modern scientific treatment of the teeth were also graphically presented.

The thanks of the society were voted Dr. Parmele for his instructive and interesting essay, and a copy was requested for publication. The paper was discussed to some extent, and questions asked upon several subjects presented.

Dr. W. H. Holmes of Waterbury, then read an essay on "Aspiration in Pleurisy," with illustrative cases showing the value of the procedure. The pathology of the disease was sufficiently discussed to show the dangers that result from delay or neglect to aspirate.

The thanks of the convention were voted Dr. Holmes for his able and interesting essay, and a copy requested for publication.

Dr. F. N. Braman of New London, presented a very able and original essay on "Complications in Labor," among others describing version under difficulties, in which he advocated the use of the fillet around the body of the child as giving complete control of the body, and thus rendering an essential assistance in rotation. This procedure is original with Dr. Braman, as it is not described in any of the standard authors.

The essay was discussed by Prof. Beckwith, who, while granting to Dr. Braman the credit of the use of the fillet around the body, thought that it had no advantages over the use of the fillet around the shoulders as described by Dr. Barnes. The child's body would stand only a certain amount of traction, and at much less than could be exerted by the fillet around the shoulders, the head could be separated from the body. In all cases where death ensued from peritonitis after labor, he thought there was injury to some part of the maternal tissues that allowed absorption, and that such deaths were not caused by the duration of the labor unless there was some lesion.

Dr. Braman said that he did not use the fillet to obtain a greater amount of traction, but to obtain complete control of the body of the child, and to assist in rotation, which it accomplished better than any other device.

The thanks of the convention were voted to Dr. Braman for his interesting and instructive essay, and a copy was requested for publication.

Dr. A. Beardsley of Birmingham, then read a paper on the "Treatment of Malarial Fever," in which he advocated the use of an alterative purgative, equal parts of aloes, calomel, and capsicum, boneset tea freely several times a day, and an aromatic tonic. This seems like a return to first principles, but the doctor writes from a wide experience, and claims success where quinine pushed to toleration had failed to cure.

The thanks of the Society were voted Dr. Beardsley for his

valuable paper, and it was referred to the Committee on Publication.

Dr. St. John then moved that the remaining papers be read by title and referred to the Committee on Publication. It was so voted.

Dr. G. W. Russell spoke of the unsatisfactory condition of the early records of the Society, the danger that they might be lost, and the difficulty of securing any published copies, and offered the following resolution, which was passed unanimously :

Resolved : That the Secretary be instructed to print the transactions and proceedings of this Society for the first twenty-five years, and distribute the same to the members.

He offered to contribute one hundred dollars towards the expense of such publication.

Dr. Lewis of Hartford, stated that he had a complete set of the transactions of the Society, the only one in existence that he knew of, and that he would gladly lend such as could not be otherwise obtained if the Secretary needed them.

Dr. Chamberlain spoke of the difficulty of obtaining any of the transactions earlier than 1830, and stated that it was desirable that the valuable literary papers and addresses connected with the early years of the Society should be republished. From 1830 to 1860, sets could be obtained, although with difficulty. That in the Secretary's office commences at 1830, while there is an incomplete set in the Treasurer's office, lacking several years, ten at least. He spoke of the unsuccessful efforts he had made to secure copies of the earlier years.

Prof. White stated that the set in the Secretary's office had been secured mainly by him; that is, such of the earlier years as there were. He had the numbers for several of the earlier years which he had kept while endeavoring to complete the set, but he intended giving them to the Society, and should do so when they were needed, whether complete or not.

After some farther discussion, Dr. Geo. L. Porter offered the following resolution, which was passed unanimously :

Resolved : That the Secretary of the State Society be directed to correspond with the Secretary of each County Society in regard to publishing the literary papers and transactions of the Society of the early years until 1830, and to learn if each County Society will share the

expense of the same, and shall report the answers at the next convention.

The report of the Committee to Nominate Essayists was received, and accepted upon motion of Dr. St. John, and the committee discharged.

The following were those elected as reported by the committee:

W. A. M. Wainwright, M.D., Hartford County.
Walter H. Holmes, M.D., New Haven County.
F. M. Wilson, M.D., Fairfield County.
Chas. N. Brayton, M.D., New London County.
Wm. A. Lewis, M.D., Windham County.
H. W. Shove, M.D., Litchfield County.
R. W. Mathewson, M.D., Middlesex County.
E. K. Leonard, M.D., Tolland County.

Respectfully submitted,

GEO. F. LEWIS,
R. STRICKLAND.

The Society then adjourned for the annual dinner at the United States Hotel.

S. B. ST. JOHN, M.D., *Secretary.*

PRESIDENT'S ADDRESS.

THE COUNTRY DOCTOR.

WILLIAM G. BROWNSON, M.D., NEW CANAAN.

Fellows and Brethren of our commonwealth,
The trusted guardians of the lives and health
Of half a million of our noble race,
Accept the cordial greeting which the place
And the occasion bid us here extend,
Where noble aims and nobler spirits blend.

How fitting to our chosen mission, here
To meet for counsel each recurring year;
To garner up for use the ripened fruit
Of past experience; to wisely suit
The rich and varied lessons of the past
To modern methods, multiform and vast.
How suited to the needs of men of care
To slip the burdens which they daily bear;
To deftly smooth a furrow from the brow,
Refresh each heart, renew each sacred vow;
To stay the whitening of a single hair
On heads too early silvered o'er by care;
To mirror back the smile we here extend,
And cross the palm with many a trusted friend.

By virtue of the office which I bear,
In the behalf of those whose trusts I share,
A hearty welcome let me here extend
To every Fellow, Delegate, and Friend.

And now what shall I say,—what can I say
Suited to the occasion and the day?
Among my auditors are hoary men
Already past their three score years and ten,
Who long have honored their respective spheres;
Riper in wisdom than in gathered years.

College professors grace our festal board,
Whose brains and libraries are amply stored;
The learned critics who unravel threads
That sorely puzzle many anxious heads,—
Our happy specialists with scarce a flaw,
Experts in counsel and in courts of law;
All these, whose rare attainments justly claim
Our grateful recognition of their fame,
Need not our praise; their names and deeds command
Profound respect throughout our native land.
Another class I see, but few are here,
Though adding to our numbers year by year,
Attentive listeners while others teach,
Whose mission is to practice not to preach,
The privates in our noble army band,—
The country doctors scattered through the land,
Who bear the knapsack, catch the fiercest fire;
For them I speak,—the rest need not retire.

Fresh from the college halls our hero comes
To enter on his work in rural homes.
His recent past seems like a fitful dream;
The weeks of rigid application teem
With memories no future can efface,
No words express, no pencil fitly trace.
The chambers of his memory have been pressed
For lodgment of the knowledge he possessed;
Knowledge of varied kind, diffuse, abstract,
From fine spun theory to settled fact;
Chemical formulas, hygienic laws,
The limits of disease, its hidden cause,
Medical jurisprudence stale and dry
As skeletons of bare anatomy,
The college quiz and lectures by the score
Embodied in a dozen books or more,—
All these, by specious cramming, he must gain,
And reproduce his parchment to obtain.
The ordeal of examination past,
"Accepted," greets his weary eyes at last;
Little he cares that purse is empty now,
A glow of perfect joy rests on his brow.

Rejoice with him who finds a blissful day
To ease the burden of life's devious way;
A ray of light and hope to gild the road
And pierce the veil that shrouds the last abode.
Our young M.D. decides to settle down
For a few years in a small country town,
Hoping. by patient toil, ere long to gain
The richer field to which his hopes attain.

You who have walked the road he enters here
With careful tread, alternate hope and fear,
Each step observed by many eager eyes
That note too soon his frequent fallacies,—
You who have known in other days with me
How blessed was the word of sympathy,
Have known and felt when weary and distressed,
The need of strength, encouragement, and rest,—
Need but the mirror, not the photograph,
To catch at once the outline of the path.

The months pass on and gather into years;
With each new day some new demand appears;
Demands for knowledge he has not been taught,
Nor read in books, nor gleaned from modern thought.
As in the countless millions of the earth,
From present time back to creation's birth,
No two are found alike in every part,
In form and feature, gifts of mind and heart,
So in our ills, the skillful watcher finds
As wide divergence as in forms or minds;
In chronic ones he seeks to know the cause,
And finds it hidden deep in nature's laws;
Each chapter of life's history must be
Consulted ere he finds the remedy,
Mixed and administered with studied pains,
As brilliant Opie mixed his paints—with brains.

When we consider all the slender strings
From which the melody or discord springs,

When life's frail harp is touched by unseen hands,—
How shall we wisely answer the demands;
Touch the right chord, proffer the needed boon,
And all the harmonies of life attune?

The chains of circumstance, with fetters bind
Too oft the best endeavors of the mind.
We seek a remedy for human ill,
Where neither pharmacist's nor doctor's skill
Finds the elixir that can stay the drain
Of wasted energy of nerve and brain.
Unfortunate surroundings it may be,
Or some harsh discord in the family,
Diseased inheritance that poisons life
And fills its days with bitterness and strife,—
Or, worse than all, what hundreds of us see
In many homes, a grinding poverty;
Mothers of babes anæmic, underfed
And overworked to gain their scanty bread;—
What wonder if we often fail to please
Ourselves, or bring to others strength and ease;
What wonder if we envy our compeers
Whose city practice through a score of years
Leaves them the care of but the favored few;
With ample means, and readiness to do
The will of the attendant when expressed,
Either for needed change or needed rest.
Some healing waters flow in distant lands,—
To test their sovereign virtues, he demands
An extra nurse, a trip across the sea,
A well filled purse, congenial company,
A cottage by the sea, or mountain air,
Release from labor and relief from care.
How wide the contrasts in our earthly lot,—
How brief the pilgrimage, how soon forgot.

The lessons of experience, as taught
In country practice, oft are dearly bought.
The modest worker in a sterile field,
Needing the scanty harvest it may yield,

Sometimes from doubt, sometimes from anxious fear,
Wishes an able counsellor were near.
An only child, within whose tender life
Center the fondest hopes of husband, wife
And many friends, seems on the verge of death;
Convulsed with pain, with fitful, rapid breath,
Clenched hands, eyes sunken, nostrils stretching wide,—
He scarce can count the pulse's hasty stride;
He looks at his thermometer amazed,
Its column to a frightful figure raised.
Ah, you and I have felt his anxious fear,
And wished some able counsellor were near
To aid in such extremity, or bear
Of such responsibility a share.
No time to lose, he summons to his aid
His nearest rival; time is quickly made,
And, Jehu like, with foaming steed he drives,
And at the moment specified arrives.
In manner brusk, pompous in air and style,
He greets his brother with the blandest smile,
With new-found friends shakes hands with relish keen,
Happy to see them, happier to be seen.
His conversation he directs to these,
With studied effort to attract and please;
Tells of an anxious case he had last night,
Which by his skill is coming out all right;
Details his treatment in a learned way,
Bold and heroic as we sometimes say;
Consults his watch, and softly names the time
When he must see a case with Doctor Prime;
A city lady, wealthy and refined,
Attractive both in person and in mind.
His fine impressions made, he condescends
To interview the doctor and the friends;
And, ere he sees the case, states his belief
That he can soon suggest a prompt relief.
He quickly scans the case, and feigns to see
At once the lesion and the remedy;
Tells of a dozen cases he has had
Within a year with symptoms quite as bad.

And thus this farce of consultation ends;
What further he discloses to the friends
We ne'er shall know; but somehow it transpires,
He gets the case,—his brother soon retires.

The quiet meditations of our friend
Upon this strange proceeding and its end,
Are like the winds across the dreary plain;
Now harsh and chill, now soft and mild again.
He feels that rank injustice has been done;
He asked for bread, he has received a stone;
He fain would hurl it back, and promptly say,
If called to counsel at some future day,
This wily brother he would sooner see
In everlasting infelicity.
His purse and reputation feel the strain,
His honest heart and character remain.
With firm resolve to do as best he may
The arduous duties of each coming day
He learns to wait, assured that in the end,
He is not poor whose conscience is his friend.

Turn now, and for a moment, let us trace
In happier mood a second anxious case.
Our modest friend, who does not know it all,
Again needs counsel; and within his call,
Retiring for a time for calm repose,
Is one of whose exalted rank he knows.
He thinks an operation must be done;
He calls upon his friend,—the kindly tone
Of cordial welcome which the good man gives,
In part his keen solicitude relieves.
Together to the bedside they repair;
Together scan the case with patient care;
Together then for conference they retire
As friend with friend, one aim and one desire.
To save the case from an untimely end
The surgeon's knife its services must lend,
And, all arranged, our veteran takes his place
Simply as an assistant in the case.

To wield the knife he modestly declines,—
To aid his younger brother he designs;
His very presence nerves the timorous hand
To steady work and ready self-command.
With warm congratulations he proceeds;
A hint and a suggestion as he needs
In undertone, so guide, he scarcely knows
That to his blade the riper judgment goes.
Relief obtained, success assured, they share
The honored garlands which the victors wear;
Rejoicing friends their gratitude express
In other ways than simple thankfulness;
Softly aside our learned counsel pays
His younger friend the tribute of his praise,
Asks him to call and question if need be,
And slips into his hand his handsome fee.

If there be happiness for mortals here,
A sweet symposium where care and fear
May not intrude, our brother now can feel
A heaven,—where thieves do not break through nor steal.

And thus alternate light and shadow fall
Across the checkered pathway of us all.
Our lives are like the volumes on our shelves;
Their style and binding show our outer selves;
The gilt or plainer dress our rank or birth;
Still but the printed page can give them worth.

How may we see ourselves, who backward turn
The pages of our life-book, and discern
The country doctor of our boyhood days,
With foes and friends to censure or to praise.
In saddle or in sulky brown and grim,
The storm and darkness were alike to him,—
Through weary miles his keen anxiety
And faithful horse, his only company;
His saddle-bags and dusty garb might tell,
Each aged sire and schoolboy knew him well,
As through the window or the open door,
They watched his coming at th' appointed hour.

When coveted success had eased his brain,
He oft could feel the force of the refrain,
"Three faces wears the doctor; when first sought,
An angel's; and a God's, the cure half wrought;
But when, the cure complete, he seeks his fee,
The devil is less terrible than he."
'Twas his to know betimes when he had done
Most faithful service, he had scarce begun
Rejoicing, ere the shafts of malice dread,
Like hailstones fell on his defenceless head.
Each day he passed some who, from jealousy,
Malice, or spite, would do him injury;
Each day he stood beside some prostrate form,
Whose outstretched hand and trusting look gave warm
And kindly welcome, while he sought to show
The brighter side and hide the threatened woe.
'Twas his to know the rapture of success;
'Twas his to feel the pangs of bitterness,
When, baffled, he must stand with bated breath,
Dumb and confounded, face to face with death.

We take their places, and survey with pride
The well-earned laurels they have laid aside.
If their facilities were less than ours,
We gain advantage, not by added powers
For better service, but by nobler deeds,—
More self-devotion to our fellows' needs.
Who does his best within his humble field
Has gathered honors, which he need not yield
To man or angel; faithful in few things,
He wears the crown which faithful service brings.
None wears another's armor, each his own;
Ours will be measured when our work is done.

The prince of epics from his classic vale
Beguiles the student with a pleasing tale.
With festive games the populace to please,
In memory of his father Anchises,
Æneas raises with his mighty hand
A lofty mast, round which the people stand;

And on its top, held by a slender string,
There sits a timorous dove with folded wing.
He now invites the archers standing by
To open contest for the mastery.
Four heed the invitation, and prepare
The plaudits and the offered gifts to share.
Then from the well drawn bow an arrow flies,
As lightning cleaves its pathway through the skies;
The quivering mast and flapping wings proclaim
The skilled precision of the archer's aim;
Beneath the captive's feet, still pinioned fast,
The arrow-head lies buried in the mast.

Then ardent Mnestheus next, aiming on high,
Directs alike his arrow and his eye;
His arrow cuts the cord,—the captive flees
Toward the dark clouds, high on the southern breeze.
Quickly Eurytion holds his ready bow,
Calls his lost brother to attest his vow,
Now spied the dove, joyful in azure vault,
His whizzing arrow makes the last assault;
Transfixed, she leaves her life within the sky,
Descending 'mid the shouts of victory,
Down, down to earth, now pinioned fast and warm,
The fatal arrow and the lifeless form.

But one remains; the aged archer stands
Viewing the prizes earned by other hands.
All seems accomplished; yet Acestes next
His arrow toward the heavens straightway directs;
It speeds its way athwart the liquid clouds,
When, lo! a trail of fire its path enshrouds;
On blazing wings it spans the arch on high,
Like shooting stars unfastened from the sky,
Till quite consumed before their wondering eyes,
Into the subtle air it vanishes.

Sicilians and Trojans dumb struck stand,
While brave Æneas issues his command:
"The gods, O father, by this omen rare,
Design that you the diadem shall wear;

While others nobly earned, and shall receive,
The prizes which with gratitude we give,
Take to thyself as victor over all,
The laurel wreath and famed Anchises' bowl."
All victors, yet the multitude proclaim,
"The prize is his whose arrow caught the flame";
With one accord to him the prize they yield,
Who bore it from the well contested field.

As then, so now, and through all future time,
Each grand achievement touches the sublime;
Within each field of learned labor lies,
For all who will contest, a fitting prize;
The higher flight demands the higher aim,—
'Tis only these that catch the heavenly flame.

Aiming and striving thus, still aiming high,
Till backward we behold the radiant sky,
Still onward, may we reach the golden way,
The brighter light of an eternal day.

REPORT

OF COMMITTEE ON MATTERS OF PROFESSIONAL INTEREST IN THE STATE.

The Committee on Matters of Professional Interest respectfully present the following reports from County Societies, and cases of interest.

W. A. M. WAINWRIGHT, M.D.,
H. S. FULLER, M.D.,
GEO. F. LEWIS, M.D.

HARTFORD COUNTY.

W. A. M. WAINWRIGHT, M.D., *Reporter of Matters of Professional Interest for the State:*

DEAR SIR—The following questions were sent to the members of the Hartford County Medical Society:

(1.) How many cases of scarlet fever did you have in your practice within the last year?

(2.) From what source was the scarlet fever introduced?

(3.) Do you know of any cases in which *milk* was the vehicle of contagion?

(4.) How many deaths have you had from scarlet fever?

(5.) Was the epidemic characterized as *ordinary* or malignant?

Fifteen replies were received, reporting 208 cases of scarlet fever.

The source from which the disease was introduced was not definitely stated in any case.

Nine deaths were reported.

The epidemic was characterized as ordinary; only a few cases of a malignant type occurred.

Yours, truly, M. M. JOHNSON, M.D.,
Reporter.

EMBOLISM OF FEMORAL ARTERY.

DEATH OF FOOT.

I was called to Mrs. T. M., aged fifty, July 8, 1882. I found her with fever and a fast pulse, she having had a chill before my visit. I had attended her with chills and fever several times during the past two or three years. I prescribed thirty grains of quinine in six powders, one to be taken three times a day, and was to see her again in two days. I saw her July 10th, found her free from fever, but noticed that her pulse was fast and weak; prescribed an iron mixture, and was not to call again unless sent for.

Her husband called upon me early in the morning of July 11th, saying that in the afternoon of the 10th, while walking about, his wife was suddenly seized with severe pain in the leg, that the foot soon after became cold, and that they had been up all night trying to relieve the pain and to restore warmth to the foot and leg.

I found the foot and lower third of the leg cold and white, with much pain in the leg and no pulsation in or below the popleteal artery. Her pulse was extremely weak and irregular, and, upon examining the heart for the first time, I found it very much hypertrophied, very feeble and irregular in action, though no valvular lesions could be distinctly made out. I considered of course that the embolus had been formed within the heart.

July 12th, the foot began to look blue and sensation was almost absent. Soon after a line formed near the ankle and all below it was dead.

Dr. Storrs and several others saw the case with me. She was too feeble to stand the shock of an operation for removal of the foot without ether, and her heart was too much diseased to think of giving ether. In this dilemma we were obliged to wait; the dead foot, partly dried, was allowed to remain on till a deep line of separation had formed; what little odor there was was kept down by carbolized washes.

Finally, in the last days of August, I removed the foot close to the ankle, and left the rest to nature.

She is now, April 24, 1883, up and dressed with the stump still discharging on account of the protrusion of some dead bone. The pulse is very weak and the heart very irregular in its action.

IRVING W. LYON.

Suppurative Portal Phlebitis.

F. C. B, male, aged eleven years, a blond of good constitution and previous health, was taken with moderate pain in the abdomen in the afternoon of February 11, 1883. At 5 P. M. he ate a hearty dinner, after which the pain was more severe.

The patient had been subject to such attacks of belly-ache from early boyhood. The attacks would occur at irregular intervals three or four times a year, and could not be traced to any particular cause; would last a day or two sometimes, and pass off without any special treatment.

I was called to him in the forenoon of the 12th because of a chill which had occurred about 10 o'clock. The pulse was 120. I thought the chill was probably malarial, and prescribed quinine.

I was out of town on the 13th and the patient was seen by Dr. Fuller, who found the pulse 120 and so much pain in the abdomen that he suspended the quinine and ordered opiates with a poultice to the abdomen. In the evening the patient had a spell of severe pain followed by vomiting, after which the pain was much relieved. On the 14th, at 6 P. M., I found the abdomen somewhat tender on pressure, the pulse 98, and temperature 99¼°.

February 15th, at noon, the pulse was 114, temperature 99¾°. He had a chill at 9 P. M. last evening, and again at 9 o'clock this morning. Poultice to abdomen continued, and two grains of quinine every four hours.

February 16th, noon, the pulse was ninety-six. The abdominal pain, which had been gradually subsiding, had now nearly ceased. During its height I made a careful examination of the abdomen, but could not make out anything in particular save a tenderness and general discomfort upon pressure, especially in the right half of the abdomen. The liver was a little fuller than natural, and a little more sensitive than it should be, but the chills seemed an adequate explanation of both, and the chills in the absence of any abdominal lesion were gradually put down as malarial, and quinine became the chief remedy. It was noticed, however, that a chill temporarily increased the abdominal tenderness. During the next few days, from the 16th to the 23d of February, the chills became less frequent and severe, the abdominal pain was about gone, and it seemed as though convalesence was at hand; but by February 24th the chills, which always came irregularly and unexpectedly, began to be more severe and to be followed with more fever, which would, however, pass off in an hour or two with pretty free perspiration. He however had no vomiting, took plenty of liquid nourishment, slept well, and, with the exception of the chills and fever, did not seem very sick. The mind was always clear, and this was especially noted, as he was a child of rare mental gifts. From February 24th to the second of March the chills grew more frequent and severe, and the patient lost ground. The amount of nourishment taken was sufficient, but the increased amount of quinine given seemed to disagree with his stomach, and at length nausea and occasionally vomiting would occur.

March 3d, was seen by Dr. Fuller in consultation, about 10 A. M. Had had a severe chill at 9 A. M., with rapid pulse and high temperature,

(103½°) vomited during the chill. There was tenderness, on pressure, in the region of the stomach, but this was not marked. We carefully reconsidered the diagnosis but came back to the conclusion that we had an irregular malarial fever to deal with, with a tendency to become typho-malarial, or pernicious. As the quinine disturbed the stomach it was given by injection in milk. The injections were well retained and the stomach bore milk, eggs, and broths in sufficient quantities. He had no more chills during the next ten days, but the fever attended with exacerbations and remissions continued and grew gradually worse. The liver, however, became less tender and considerable pressure was repeatedly made over it without eliciting pain.

March 13th, towards noon, he was seized with a severe paroxysm of intense suffering, with chilly sensations down the back, was somewhat delirious during it, and voided his urine in bed involuntarily. From this time the symptoms grew worse, the pulse and fever ran higher, he gradually failed, and died March 19th at 4 P. M., the mind remaining clear up to the last.

The diagnosis in this case was a fever malarial in character. We did not always feel satisfied with it, often reconsidered it, but were unable otherwise to explain the symptoms. The sudden seizure with abdominal pain and tenderness, the unobscured mental condition throughout the entire sickness, the irregularity of the chills and fever, which corresponded to no known type, the failure of the quinine to cure, and finally the fatal issue where in case the disease was malarial the prognosis would have been good, were all facts which we had well in mind, and accordingly asked for and obtained permission to make an examination of the abdominal viscera.

This examination was made by Dr. Wainwright, twenty-four hours after death.

Upon opening the peritoneal cavity, the omentum was found healthy. The intestines were congested and pinkish in hue, but their peritoneal covering was healthy. A prolongation of the omentum on the right side ran down through the coils of the small intestine and was adherent at its lowest extremity to the brim of the pelvis near to the right ureter. The peritoneum about the right iliac fossa was deeply congested, but no inflammation was found about the fossa. In cutting above the transverse colon between it and the under surface of the liver, an abscess of about the size of a hen's egg was opened into, situated in the cellular tissue under the liver just to the right of the mesian line.

The liver had contracted no adhesions on its upper surface. When removed it weighed three pounds. It had preserved its natural shape, but was literally filled with abscesses. The abscesses were for the most part small, the size of a pea, but many were much larger. Every part of the organ, except a portion of the lobus quadratus, was studded

with these abscesses. The gall bladder was full of bile, but contained no calculi. Here the examination unfortunately ended. It was the first case of the kind which we had ever seen, and its nature was not fully understood until a day or two after, when it was too late to examine for the causes which had produced the phlebitis. We however feel that the case as it is is altogether too valuable to lose, and therefore offer it for publication in its present imperfect state.

IRVING W. LYON, April, 1883.

RHEUMATISM. ACUTE ULCERATIVE ENDOCARDITIS. EMBOLISM OF THE RIGHT SUBCLAVIAN ARTERY.

By Irving W. Lyon, M.D.

Walter B., aged twenty-five, light hair and blue eyes, of medium stature and good build, consulted me at my office June 19, 1882, for pains in the shoulders, knees, and ankles. He had had three attacks of rheumatism; the first at nine years of age, the second a year later (this was very severe, lasting fourteen weeks); the third attack was when he was twenty, was confined to the house with it about ten days, though he was lame a long time before and after the attack. Besides these three attacks he suffered more or less every year since the first attack with rheumatic pains. When four years old was very sick with measles.

I found him pale, with a double murmur at the aortic valves and considerable hypertrophy of the heart. He was at work at house painting the day he consulted me; had complained for about two months of pains in shoulders, knees, ankles, and small of the back, and with headache. All these symptoms would come and go, but were never absent more than a day or two at a time; the headaches during these two months were at times quite severe; appetite poor; no vomiting. The arthritic pains were sometimes so severe that he would stay away from work a day or two at a time. Complained much of fatigue and was often chilly. His mother said that after supper he was in the habit of lying upon the lounge near to the stove, warmly covered, complaining of feeling chilly. Would always sleep well at night.

I prescribed an alkaline mixture containing colchicum.

June 21st. On account of symptoms which seemed to be malarial I ordered Quin. Sulph. ℥ss. in six powders, one three times a day, and two Co. Cath. pills.

June 23d. On account of my absence from town the patient was seen for me by Dr. Fuller, who prescribed fifteen drops of the muriated tincture of iron three times a day.

June 24th. The arthritic pains having returned I prescribed,

℞. Acid Salicylic ℥ij,
Sodae Bicarb. ℥ij,
Glycerin, Aqua, aa. ℥ij.

M. Dose tablespoonful every three hours, and the bowels to be moved again with the pil. cathart. co. improved.

June 26th. The rheumatism was so much relieved that I did not see him again till the 29th, and at the next visit, July 3d, he was so much better that I ceased my visits.

I was called to him again July 13th. The improvement last noted had not been permanent. He had been out of doors but once. At this visit the chief symptom complained of was headache. It was very severe. For it I prescribed about eleven grains of the bromide of potassium, three times a day. The urine contained no albumen. The headache continued, and it is noted, July 17th, that his head ached if he moved about in bed.

July 20th, 4 P. M. The pulse was noted, 94, and the temperature 102°. The patient was then ordered five grains of quinine three times a day.

July 21st, 5.30 P. M. Pulse 86, temperature 101½°.

July 22d, 10 A. M. Pulse 78, temperature 100°. But the rheumatic pains had returned so that the salicylate of soda was again given. This soon relieved the pains so that, July 26th, the dose was reduced to half a tablespoonful every four hours.

July 31st. There was a return of febrile symptoms without apparent cause, and the patient was seen with me by Dr. Storrs. At 5 P. M. we found his pulse 108, temperature 103½°. Besides a headache he was free from pain, except a trace in the heel upon pressure at a point where the pain had been severe a few days before. Dr. Storrs thought with me that it was a case of rheumatism complicated with malaria. We could not explain the fever by any lesion that we were able to detect. Pericarditis and endocarditis were both carefully looked for, but there were no symptoms or signs of either present.

August 2d, 6 P. M. Pulse 108, temperature 102⅔°.

August 4th, 10.30 A. M. Pulse 78.

August 5th. Rheumatic pains returned and the salicylate of soda was again given, with quinine.

August 6th, 5.30 P. M. Pulse 102, temperature 101¼°.

August 7th. The afternoon temperature was 101°, pulse 96.

August 15th. Rheumatic pains gone and the salicylate discontinued.

August 18th, 10.30 A. M. Pulse 96, temperature 102½°.

August 20th, 4.45 P. M. Pulse 84, temperature 101¾°.

August 22d, 11.30 A. M. Pulse 80, temperature 99½°.

August 23d, 8.30 P. M. Has a return of the rheumatic pains, which have been absent over a week. Pulse 82. Pain in precordial region is noted, but examination failed to find anything new about the heart. A tablespoonful of the salicylate of soda every three hours.

August 25th, A. M. Pulse 78. Severe pain in abdomen, especially

the right half, the muscles of which are very rigid and tender upon pressure.

August 30th. Minute petechiae are seen for the first time over chest and abdomen, some on the face and eyelids.

August 31st, 5 P. M. Pulse 114, temperature 98½°. Bowels moved to-day by enema after being unopened for ten days, due to opiates and the abdominal pain above noted.

September 1st. Pulse 120, temperature 99¾ . Petechiae very dark.

September 4th. Was seen by Dr. M. M. Johnson. We examined the heart carefully, only to find the aortic murmurs and the hypertrophy. Dr. Johnson thought the case one of rheumatism complicated with malaria, as Storrs had thought. The patient was taking twenty-five grains of quinine daily, twelve grains of the citrate of iron and quinine, and about fifteen grains of the salicylate of soda, which I had resolved to continue with the other remedies in order to keep off another rheumatic attack. He was also taking between three and four pints of milk daily, and from three to four ounces of rum, which he preferred to whisky. He slept well, was perfectly clear in mind, would easily enter into conversation, would laugh and joke; indeed, this mental condition was the same throughout the entire sickness.

September 7th. Has had seven stools since yesterday. Pulse 112, temperature 100°. Tr. catechu was given for the diarrhea.

September 10th. Pulse 110, temperature 100½°.

September 12th, noon. Pulse 110, temperature 100°. About 4 P. M. pain, followed by coldness, suddenly appeared in the right hand and arm. I sent word by the messenger who informed me to have the hand and arm wrapped in cotton batting and bottles of warm water placed along the arm. Later I found the hand and arm warm from them, but could feel no pulsation in the brachial, radial, or ulnar arteries, and the hand uncovered began to grow cold in a few minutes. The heart sounds were not so distinct as before, the aortic murmurs were obscured, and the action of the heart was wabbling.

September 14th. Pulse 120, temperature 101°. Heart sounds weaker, little finger painful, and the tips of the middle, ring, and little fingers purple, and unless kept warm with wraps and warm bottles, are cold. The petechiae, which had entirely disappeared, reappeared to-day about the right pectoral and subclavian region, and not elsewhere.

September 15th. Arm so painful up to shoulder that he could not bear to have it moved.

September 17th. Pulse weaker and 120.

September 19th. Pulse 130. Patient perfectly clear and rational.

September 20th. Died at 5.30 A. M. For the last twelve hours he was very restless and short of breath; mind clear up to last moments.

Autopsy, September 21st, 3 P. M.

Body not emaciated. Face turgid and the lower portions livid. The

little and ring fingers of the right hand were dark to above their distal joints, the middle finger to root of its nail, while the fore finger showed only a point of discoloration at its tip. Lungs healthy. Pericardium healthy, the sac containing one and a half ounces of serum. The right auricle contained a white clot the size of a pullet's egg, moderately firm and laminated, but readily mashed and torn under the fingers; a similar but smaller clot was found in right ventricle, with attachments to the muscles and tendons. The endocardium of the right cavities was healthy. On the left side the aortic valves were found thickened and retracted, and their edges covered with vegetations. The mitral valves were healthy. In one of the sinuses of valsalva, near the opening of the coronary artery, were five minute ulcerations of considerable depth, looking like perforations, the smaller large enough to admit the point of a pocket probe, the largest one about two lines in diameter. The walls of this sinus were whiter than those of the other sinuses.

The endocardium upon the aortic segment of the mitral valve, near the aortic opening, was the seat of three ulcerations; two of them were circular and about three lines in diameter, the third was smaller and triangular in shape.

The heart weighed sixteen ounces.

Liver fatty; weighed 4½ pounds.

Right kidney weighed 7¾ ounces, and contained two infarctions of considerable size of light color. Left kidney weighed 8¼ ounces. The spleen weighed 12 ounces, and was the seat of several (at least six) infarctions. The largest, the size of an English walnut, was softened to the consistency of brain matter. The next in size equaled a hickory nut, and three were each the size of filberts.

A firm plug was found in the right subclavian artery, just beyond the thyroid axis. The plug was firmly attached to the walls and appeared to the eye to be similar in character to the vegetations upon the aortic valves. An inch and a half beyond this was a second plug, longer than the first, with its larger or clubbed end looking toward the heart. This plug filled the caliber of the artery pretty well. In the space between these clots the inner coat of the artery was in a softened condition; in this space was also some softened material. Around the artery, between these emboli, suppuration had occurred so that at least a drachm of pus was seen in the dissection.

The heart, with an abstract of the case, was sent to Dr. William H. Welch of New York. He said that the heart presented in a typical manner the lesions of an acute ulcerative endocarditis. The clinical history, as he gathered it from my notes, could not be so readily reconciled with the exclusively malignant, pyaemic, or septic nature of this disease held by many pathologists; yet as of especial importance in estimating the case he would mention the petechiae, the fever independent of arthritis, and the suppurative inflammation excited by the subclavian embolus.

A CASE OF CHRONIC ULCERATIVE LARYNGITIS.

C. W. Chamberlain, M.D., Hartford.

The following case is somewhat peculiar in several respects. I have not seen any account of a case that very closely resembled it, especially in the final results.

In June, 1873, I was consulted by a young girl aged nineteen, a school-teacher, for huskiness of voice. On examining the throat a sub-acute pharyngeal catarrh was discovered; the tonsils were considerably enlarged also, and their surfaces appeared honeycombed. I learned that she had been troubled with frequent attacks of tonsilitis, which did not, however, lead to suppuration. The larynx was slightly oedematous, and there were ulcerations upon both vocal cords. The ulceration upon the right vocal cord was near its posterior extremity and much the larger of the two; that of the left was very small and nearer the middle. The action of the laryngeal muscles was apparently not impaired, as the cords were firmly approximated, but certain tones were husky, and one or two notes of the scale could not be sounded. She was most troubled to speak in the slightly elevated voice she used most often in addressing her scholars. As vacation was to commence in a very short time absolute rest was not insisted upon, but the nature of the trouble was fully explained and directions given to use the voice as little as possible. There was a taint of scrofula in the family. Her brother had lost the sight of one eye from the results of inflammation following the entrance of a small fragment of steel into the eye, and the other eye had taken on a similar type of inflammation in spite of enucleation of the injured eyeball. Both he and his sister had had swelling of the cervical glands and suppuration, or cold abscess as it is commonly called, and their complexions had that pearly whiteness so often seen. The other children had had similar symptoms, but in much less degree. The brother finally lost the sight of the other eye and died of some scrofulous disorder, a wasting affection involving the mesenteric glands.

During her vacation the ulceration on the left vocal cord was thoroughly healed, and that on the right was cicatrized, but the result was so recent that a much longer period of complete rest should have been taken to render the results permanent. The treatment consisted of topical applications with the brush of astringents and tonics, alternated with a solution of iodine in glycerine, and a spray of a solution of persulphate of iron. For constitutional treatment iodide of potash and tonics; later, iodide of iron. The necessity of rest was enforced by a plain statement of the risks involved in using a scarcely healed organ, so delicate in structure and so easily impaired, especially under such unfavorable con-

ditions, but fear of losing her place and having to commence with the lower grade again was more influential than the threatened danger, and teaching was resumed, although the voice was still husky to some extent, but slightly, however, except after prolonged use. She soon found that the last half of the afternoon was hard to get through, but from pride or other motives deferred consulting her physician. But as she began to grow worse rapidly she was compelled to seek advice.

On examination the ulceration upon the right vocal cord was found to be nearly as large as when first seen, and apparently involving deeper tissues. When first seen it was quite superficial, but now quite deep at the center, the edges considerably tumefied. The epiglottis was also somewhat swollen. The same treatment was resumed, but was entirely ineffectual, and a tendency to increase was a new feature. To arrest this the ulceration was cauterized by a strong solution of nitrate of silver applied by aid of the laryngeal mirror directly to the ulceration by the concealed brush, which rendered it possible to limit its application. This was repeated several times with great benefit, and the size of the ulceration was diminished perceptibly. She persisted, however, in the use of the voice, so that it was impossible to completely heal the ulceration until the recurrence of the next long vacation. There was then left quite a thickening of the right vocal cord at the site of the ulcer, the membrane somewhat uneven at the edge of the vocal cord, and as a natural consequence impairment of the voice, which was very marked in certain tones. This condition of affairs continued for several years, the voice improving somewhat as time passed and the cicatricial tissue probably became partly absorbed as the border of the vocal cord became smooth again. She then had trouble with the glands on both sides of the neck, which swelled to a considerable extent and remained swollen for a little over a year, when they became very much smaller, and enlargement of the thyroid gland which never resumed its natural size, so that she always wore a silk neck handkerchief around the neck.

This takes the history of the case to the autumn of 1877. She then had a severe attack of tonsillitis and I was told some laryngitis. I did not see her at the time. When she recovered there was a greater amount of huskiness of the voice than she had ever had before, but it was thought to be due to the acute inflammation and would pass away in time. In the early summer of 1878, she was married, and shortly after, in August, as her voice did not improve, she consulted me again.

I found on examination the epiglottis and the whole upper part of the larynx much tumefied, swollen, and congested, with several superficial ulcerations. One was situated at the posterior extremity of the left false vocal cord, another on the right arytenoid cartilage. There was also one at the posterior extremity of the right vocal cord, the deepest of all which apparently involved the sub-mucous tissues. The epiglottis and false

vocal cords were so swollen that the vocal cords could be seen only after prolonged effort, and after the viscid mucous secretion that bathed the larynx had been partially removed by the brush, and then with difficulty. The case was treated locally and constitutionally, that is treatment was commenced, but she sailed for England for a visit a few weeks after, with the hope of improving her general health, so that nothing was accomplished except a little relief. The tumefaction was so reduced that she could eat comfortably. When she came she was unable to take anything but liquid food, and that with pain, and could scarcely speak above a whisper.

During her stay in England she was under the care of Dr. M. Mackenzie, who told her she had ulcerative laryngitis. Under his care the progress of the disease was delayed, and on her return none of the ulcerations were to be seen, except the one at the posterior extremity of the right vocal cord which had been merely held in check, the tumefaction was also very considerably lessened.

In 1880 from exposure she took a severe cold, and an acute attack of pneumonia succeeded, the convalescence from which was very slow. Asthma and emphysema followed this, so that she had to sleep in a semi-prone position. The larynx became so sensitive that she could endure only anodyne applications. The voice was little more than a whisper, and there was considerable difficulty in speaking at all. The thyroid gland commenced to enlarge again, and also the glands of the neck. Swallowing became very difficult, and a state of chronic invalidism was fully established. She was unable to leave her room, and was obliged to sleep propped up in a chair, as she was unable to breathe in a reclining position. Treatment locally gave so little relief that it was abandoned. Indeed the larynx was so sensitive that no applications could be borne. The attacks of dyspnea were frequent and severe. The voice was entirely lost. As a matter of course nothing but liquid food could be taken. Death seemed to be caused by a sudden filling up of the lungs, and took place suddenly.

The post-mortem showed considerable fluid in the pleural cavities and oedema of the lungs. Both lungs were emphysematous in patches, the upper lobes very extensively with several large spaces. No evidence of tuberculosis. The larynx was partly ossified, and rigid. There was no distinction between its cartilages. All membrane between had become cartilaginous, so that the whole larnyx was in one piece, the walls thicker in some places than in others. Two of the upper rings of the trachea were also partly ossified. The ossification in the larynx was wholly confined to the regions of the thyroid and cricoid cartilages anteriorly and laterally.

There was no trace of the true or false vocal cords, but the interior of the larynx was lined with a pale thin membrane minutely studded

with sharply defined perforations, here and there, reaching to the cartilage or bone beneath, which appeared as if they had been cut out with a punch, except for a space about as large as a three cent piece on each side, where the glistening cartilage was uncovered. The borders of these exposed patches of cartilage were thickened and elevated and, as well as the whole interior, bathed in a profuse muco-purulent secretion, mainly mucus. The interior surface was uniformly smooth except as above described, and level, that is, there were no depressions nor elevations. The epiglottis was shriveled to less than half its normal size. The voice had been entirely lost for several months; still she could produce some whispering sounds, but with what was a mystery, nothing of course like speech.

There was more tissue upon the upper border of the larynx than elsewhere, but the internal structure of the larynx was destroyed some time before death. The larynx was somewhat contracted. The swelling of the thyroid and glands of the neck greatly impeded respiration. Several physicians were present at the autopsy. The case had not been under my care for several years, and only when under special treatment for the laryngeal trouble. I examined the throat about ten months before death but could see nothing below the upper border of the larynx which was excessively swollen. The scrofulous diathesis was probably at the base of this whole trouble. Had complete rest been observed at the outset until the ulceration had not only healed but the new tissue grown firm, probably there might have been no further laryngeal trouble, but as the taint was in the constitution it would have manifested itself in other directions. In fact she had considerable uterine trouble after marriage, for which she was treated by her family physician. There were one or two intercurrent complications which I omitted in the history of the case, as I did not attend her except as stated, but they simply serve as further illustrations of the scrofulous taint. Thus, she was under treatment for deafness for some time, partly in connection with the laryngeal trouble, and partly in connection with some inflammatory trouble with her eyes. She, after her return from England, became very deaf from obstruction of the eustachian tubes, diagnosed as thickening; from this she obtained little or no relief. The eye trouble never became very serious.

NEW HAVEN COUNTY.

DR. WAINWRIGHT,

Chairman of Committee on Matters of Professional Interest.

Your card of May 1st was received. I do not know as I have anything worth reporting, but within a few days I have had two cases in the same house in which sewer gases seem to have acted as predisposing causes.

Miss J., *ætat.* sixty-four, was taken sick with erysipelas, May 7th, and died May 12th.

Mr. J., her brother, *ætat.* seventy, was taken with remittent fever, May 14th, and died the 19th; the disease speedily assuming a typhoid form.

On examining the premises I found that a tile drain leading to a closed cess pool opened into the cellar; the water from washing the soiled clothing and bedding of the family was poured into this drain which was without a trap.

The water from sink in the kitchen passed off elsewhere.

The furnace used for heating the house drew the air from the cellar, so that in the cold weather, when the cellar windows, etc., were closed, there must have been a draft from the sewer and cess-pool into the interior of the house. It appeared to me that this state of things must have had much to do with the severity of the two diseases, in which opinion Dr. Jewett of New Haven, who saw one of the cases, agreed.

Very respectfully,

M. N. CHAMBERLIN, *Reporter.*

NEW LONDON COUNTY.

W. A. M. Wainwright, M.D.,

Chairman of Committee on Matters of Professional Interest.

To the end that I might be able to send you a respectable report from New London County, I wrote to the various members of the Society out of town, requesting them to report what there has been of interest in their respective towns during the past year; but as there has been complete silence on their part, I conclude that there has been no disease outside of Norwich worth recording.

However, in Norwich, the profession have kindly assisted me in reporting what there has been of interest here.

We have had, during the past year, no epidemic of severity, although during the summer, autumn, and extending into the winter of 1882, there was a rather large number of cases of typhoid fever. One physician alone (Dr. Cassidy) reports having treated in the neighborhood of seventy-five cases, commencing in July, and extending up to January 1, 1883. The majority of the cases were not severe, as he lost but six; of these, two died with pulmonary complication, two with cerebral, one with perforation of the intestine, and one with asthma. He also reports one case being followed by phligmasia alba dolens. A large number extended over a period of five to seven weeks, and not unfrequently he had from three to five in a single family, which reflects somewhat on the sanitary surroundings. In rather a large number of cases the diarrhea gave place early to constipation, which continued throughout. He adds that in his practice, typhoid fever, in 1882, seems to have taken the place of a large number of cases of intermittent fever the year previous. From others comes the report that there appears to be a general increase of malaria in this vicinity, complicating more or less almost everything, although cases of intermittent fever, pure and simple, are not frequent.

During the winter and spring of the present year there has been quite an epidemic of measles, principally confined, however, to the western part of the city, but more or less covering the whole town; as a rule they were not severe, there being but one death, and that complicated with diphtheria. For the last three months there has been quite a tendency to puerperal fever amongst the patients, but usually it has been quite tractable.

A single case of small pox occurred during March. I mention this as showing the necessity and benefit of prophylaxis in dealing with the disease by those in authority. A young woman probably contracted the disease in the paper-mill. By the action of the Board of Health, the patient was removed by night to a suitable place, and the premises disenfected, and every article of wearing apparel and furniture used was burned, and the spread of the disease was thus effectually checked, as no other case has appeared. Lest this treatment should be considered as especially advantageous to the patient, I should add that she died on the sixth day.

Dr. L. S. Paddock writes of a case of malformation occuring in his practice during the past year. A child born at full time, of healthy parents, presents the following appearance: As if the head had been constructed by a band passing around just above the eyebrows, the forehead was nearly flat, while from the top of the head a hernial protrusion projected, covering the head like a cap.

I would also call your attention to Dr. Cassidy's case of rupture of a labium during labor, to Dr. Paddock's case of fibro-cystic tumor of the uterus, and to two reports kindly furnished by Dr. Almy, one of which is the sequela to one reported by him last year; the report in the case of malformation of the breast, also an interesting case of acute articular rheumatism, with quite unusual complications.

Yours very truly,

W. H. DUDLEY, M.D., *Reporter.*

A CASE OF FIBRO-CYSTIC TUMOR OF THE UTERUS.

L. S. Paddock, M.D., Norwich.

As cases of fibro-cystic tumor of the uterus are not frequent, and the termination of this one somewhat unusual, I take the liberty of reporting it at some length.

A married woman, aged sixty, was treated for acute rheumatism, during January and February, 1882; a tumor was observed, supposed to be a fibroid, which the patient said had existed for a long time. During the summer of the same year it enlarged rapidly, and by August 1st, it greatly distended the abdomen, and became very painful.

A consultation having been held, it was diagnosed as a fibrous tumor of the uterus, and ovarian dropsy.

August 11th, I drew off with the aspirator, about thirteen ounces of a thick, greenish fluid resembling pus; but a careful examination revealed neither pus cells, cholesterine cells, cells of Drysdale, or inflammation cells of Gluge, but an abundance of disintegrated fiber and fat globules.

August 18th, a profuse and uncontrollable diarrhea set in. I was shown about a pint of fluid like that drawn off by the aspirator, a week before. This continued in greater or less quantity till death.

September 17th, the swelling and fluctuation entirely disappeared from the abdomen, and did not return.

She died October 5th.

The post-mortem examination showed that the fluid had not been in the abdomen, that the ovary was not the seat of the disease, that an opening existed in the posterior wall of the uterus, communicating with an opening in the rectum, whereby the fluid escaped, that the uterus was large (in size just equaling that just after parturition) and flabby, containing an innumerable number of solid and semi-solid bodies, probably resulting from fatty degeneration, and that the dirty fluid now contained in the uterus was horribly offensive.

RUPTURE OF A LABIUM DURING LABOR.

P. Cassidy, M.D., Norwich.

November 14th, 1882, I was called to see Mrs. P., a French lady, aged 33, of good physique, in her fifth labor. Her previous labors had all been perfectly natural. Labor was somewhat advanced when I arrived; an examination showed the head well down in the pelvis, and everything appeared to be progressing favorably, when suddenly, and without any warning whatever, there came a sudden gush of blood which completely covered the bed and its surroundings. A hasty examination showed that it came from the right labium, which was still pouring forth blood in torrents. This I seized with my fingers, and managed to control the flow, while the husband went for assistance. The woman lay before me in a state of collapse, the complete picture of exsanguination, while everything in the form of labor-pain had ceased. It was fully an hour before assistance arrived, and in the meantime I was shut up to a single resource, viz.: holding on to the labium to prevent her from bleeding to death, which required the combined use of both hands, and which was tiresome in the extreme. On the arrival of my friend, Dr. Sprague, forceps were applied and the child delivered, which was dead. It proved to be very large, weighing about fourteen pounds.

A further examination showed that there were three rents in the labium, one of which was at about the muco-cutaneous junction, and running parallel with it, and the other two were internal to this. They

were each at least two inches in length, and extended down to the descending ramus of the pelvis, without doubt emptying the bulbs of the vagina. These were stuffed with lint saturated with a solution of alum, which controlled the hemorrhage.

The woman remained exceedingly feeble for a couple of weeks, but after a somewhat tedious convalescence regained her former health.

REPORT ON PREVAILING DISEASES.

Geo. H. Jennings, M D., Jewett City.

We have been entirely free from malaria for the past year.

There have been very few cases of typhoid fever, much less than during preceding years. Pneumonia has been more prevalent, the preceding half dozen years being almost free from this trouble. There have been a number of cases of diphtheria, though not many.

During the seven and a half years preceding this spring, there have been but three or four cases of scarlet fever in this neighborhood. Last October I saw two patients in one family. The disease spread no farther. Sometime in January it appeared in two families in different parts of the village at about the same time. They were not under my care. The first case that came under my care was on the 10th of February, since which time it has been epidemic. I have seen above fifty cases since that date. Most of them have been mild cases. Complications have not been frequent. The principal complication has been acute desquamative nephritis—pneumonia occurred in one case—the trouble extending from the fauces to the ear in quite a number of cases, which left no ill effects. The deaths from this epidemic have been few. In the first two families mentioned, five died. Since then there has been two deaths. One early in the attack, on the third day. The other several weeks following, from pneumonia and acute nephritis.

"Colds" have been very prevalent during the later winter months and early spring, few families escaping; a complaint which has been very general throughout neighboring towns. Some of the cases have been quite as severe as an ordinary case of pneumonia, confining the patient to the bed for two or three weeks.

Excuse sending this in at so late a date. Your card was mislaid, and I labored under the supposition that it was intended to refer to the year to come, not the one past, until I accidentally came across the postal.

FRANK A. COATES, M.D., MYSTIC BRIDGE.

This is a region of the State that is probably as free from *malaria* as any other, if not more so. Dr. E. C. Seguin was in this vicinity last summer to visit one of his neurasthenic patients from New York, and advised him to stay until the cold weather drove him home, for he said that he had made thorough investigation of the subject, and believed that the region between the Thames River and Rhode Island line was exempt from malaria to a greater degree than any other that he knew on the whole northern Atlantic coast. But we do occasionally have a case of malaria that originates here, though the great majority of cases that we have to treat can be traced to a visit to some more infected district. A few miles back from the shore, in the country, I have found a few localities where the disease in some seasons has been quite prevalent.

Typhoid fever has been a rare disease here for several years, and most of the so-called cases that we have had, if not all of them, I believe to have been cess-pool fever.

Scarlet fever has not prevailed to any great extent. There have been a few cases, but nothing like an epidemic. It has not been very severe, nor highly contagious, and wherever it has prevailed it has seemed to be endemic in character.

There have been a few sporadic cases of *Diphtheria*, but of a mild character, none that I know of proving fatal in this vicinity.

Pneumonia has not been frequent, and but very few cases can be reported for the year, and these generally not severe, but throat, bronchial, and capillary lung troubles—commonly called hard colds—have been very common for the last two months, resisting treatment of any kind in many cases so as to afflict the patients for weeks together.

I have had one, to me, interesting case of congenital hydrocele in a boy three years old. It had resisted external treatment by alcohol, iodine, etc., etc., when, to make a radical cure I drew three or four threads of fine machine silk through the length of the sac and left it there for nineteen hours only. When I withdrew it, a little pus was seen at the openings of the skin, and I feared trouble. The scrotal inflammation that resulted was fearful, and I thought my patient would die, but he finally got well and the hydrocele is cured.

THE RESULT IN THE CASE OF MALFORMATION OF THE HEART—REPORTED IN 1882.

L. B. Almy, M.D., Norwich.

In the report of cases last year, I gave a short account of a case which had been supposed to be one of non-closure of the foramen ovale. In this case, at one time, the patient gave all the signs of impending death; was pulseless, jaw dropped, extremities, nose, face, and breath cold, axillary temperature 94.6°, with complete recovery. The after history of the case, with the autopsy, may be of interest to the Society.

In the afternoon of December 30, 1882, I was called to see Miss E. R. again for the first time since her trouble in February. I found her suffering from an attack of acute articular rheumatism, located in the ankles. The following morning I was sent for, and upon my arrival, found that she had been feeling fairly well in the early morning, that while the family were at breakfast down stairs, they heard a noise in the room above, and on reaching the bed, she was breathing her last.

On the afternoon of January 1, 1883, I made a post-mortem in the presence of Drs. Cassidy, Paddock, and Robinson, and of Mr. Childs, student of medicine. The thoracic cavity only was examined. The right lung was fairly inflated, the left lung was compressed in the upper part of the chest, and held there by old pleuritic adhesions. The heart was the principal object of interest. The weight was 16 oz., and the ventricles were both immensely hypertrophied, the left ventricles being over an inch in thickness. The auricles were dilated to nearly twice their ordinary capacity. On examining for a patent foramen ovale, I found an opening admitting the little finger, which at first seemed to enter the other auricle, but on examination, I found that the auricular appendix was enlarged so that it was nearly an inch and a half long, and the opening led to that—the foramen ovale *was not pervious.* On examining the ventricles, I found the right one excessively dilated and its walls hypertrophied. The tricuspid valve was extremely diseased, calcareous deposits existing all around its free border. The mitral valve was healthy, also the semilunar valves. Between the two ventricles, at a level with the auriculo-ventricular septum, was an opening which would admit easily the index finger, so that the finger could be passed with ease from the right ventricle into the aorta, or from the left ventricle into the pulmonary artery, or *vice versa.* In other words, the blood from the right venticle was as liable to go into the circulation, or that from the left ventricle to the lungs, as it was to go in its own proper channel. How the patient could have lived for over sixteen years, with this heart, and how recovered from at least one attack of endocarditis, which damaged the tricuspid valve past redemption, is one of the mysteries of medicine.

A CASE OF ACUTE ARTICULAR RHEUMATISM, WITH COMPLICATIONS.

L. B. Almy, M.D., Norwich.

The following case is interesting, mainly, from the rarity of one of the complications.

March 29, 1883, I was called to see a boy (I. L. T.) age, 13, who, his step-mother said, was complaining of pain in his knees. On my arrival, I found the boy just starting with acute rheumatism. Pulse 110, (?) temperature 101.5. Right knee swollen a little, and very painful. Gave him salicin, gr. viii, every two hours; morphia, p. r. n. He complained the following day of some diarrhea and nausea. Dover's powder and bismuth checked the frequent movements from the bowels. The same day, the 30th, the left knee was involved, and the temperature reached 102.

On the 2d of April, I was sent for before the time for my usual visit, and found that his abdomen was tympanitic, very much swollen, and he was complaining bitterly of pain there; the ankles had become involved, and the knees were better. The temperature, which the evening before had been 102.5, had mounted to 103.5, and the pulse was 135; respiration about 50. By night his temperature was 104.8, and pulse 140. From this time I kept a close record of the case, as follows:

April 3d, 10 A. M. Temperature 104.5, pulse 140, respiration 50; still complains of pain in abdomen, which is tense and excessively tender; ankles swollen and painful.

℞ Salicin, gr. x; every two hours.
Morphia, gr. $\frac{1}{8}$, p. r. n.

3 P. M. Temperature 104.2, pulse, 145, respiration 45.

10 P. M. Temperature 105, pulse 150, respiration 50. To be sponged with alcohol and tepid water until temperature should fall. This was faithfully done. Salicin increased to gr. xii.

April 4, 10 A. M. Temperature 102.5, pulse 130. Does not complain so much of his bowels, and is sweating. To take with the rest, tr. digitalis, gr. v., every six hours.

3 P. M. Temperature 103, pulse 126, respiration 32. To be sponged again.

10 P. M. Temperature 101.5, pulse 120, respiration 32.

April 5th, 10 A. M. Temperature 100.5, pulse 110, respiration 30. Abdomen is better, ankles better, wrists swollen and painful.

5 P. M. Temperature 101, pulse 120. Feeling pretty comfortable except his wrists.

April 6th, 11 A. M. Temperature 101, pulse 120. Complains of headache and pain in the back of his neck. Is unable to turn his head,

which lies upon the right side. To have potass. bromide, gr. x, every three or four hours.

5 P. M. Temperature 101.4, pulse 120. Much the same. Had a natural movement from bowels. Does not like the bromide, and for that reason says his head is better, though he complains of severe headache, when he forgets himself.

April 7th, 11 A. M. Temperature 101, pulse 120. Headache still painful; cannot move his head at all. It is hot and the carotids throb violently.

5 P. M. Temperature 102.2, pulse 125. Says he is "pretty well." His mother says, however, that he cries out with the pain in his head and the back of his neck. He will not move his head. Was able to get a view of his right ear which was red and swollen, having been bent on itself. Complains that the noises in the street hurt his head.

April 8th, 11.30 A. M. Temperature 102.5, pulse 125. The pain and swelling have left the wrist, and his shoulders are becoming painful. Pupils regular, and react to light. Abdomen is now retracted. On examining the ear, I found a spot which was becoming gangrenous. Put his head on a small round air pillow, and another one under his back. He has some trouble in passing urine.

6 P. M. Temperature 102.5, pulse 132, respiration 40. Complains of pain in his heels. Has been delirious at times for two days. Says he is "pretty well," except for the pain. To be given whisky during the night.

April 9th, 12 noon. Temperature 102.5, pulse 132, respiration 40. Complains of pain all over him, but principally in epigastric region, and toward the left side. Says it hurts him to breathe. Head remains about the same. To stop the salicin, and to have ergot and fl. ex. gelseminum, in small doses with his digitalis. Morphia continued p. r. n. Attempted to examine his chest, but he complained so bitterly that I was forced to desist. To continue the whisky as necessary. He was very much opposed to alcohol, being a member of a temperance organization, so it had to be smuggled in with his other medicine.

6 P. M. Temperature 103, pulse 140, respiration 50.

April 10th, 12 noon. Temperature 102.5, pulse 135, respiration 40. Had a restless night. Is unable to move, but wants something all the time.

6 P. M. Temperature 104, pulse 130, respiration 44. Complains of distress in chest and difficulty in breathing. To have ammonia carb., gr. iv., every two hours, alternately with whisky. Sponging.

April 11th, 11 A. M. Temperature 102.5, pulse 120, respiration 49.

6 P. M. Temperature 102.5, pulse 130, respiration 50. Has had a fairly good day. Complains of his head and stomach.

April 12th, 12 noon. Temperature 101.8, pulse 130, respiration 66.

Pulse is dicrotic and quite weak. To continue as before. The slough on the right ear is separating. To have tr. ferri. chlor., gr. v., every three hours.

6 P. M. Temperature 102.5, pulse 130, respiration 42.

April 13th, 12 noon. Temperature 102.6, pulse 130, respiration 60. Dullness on the right side of the sternum, in the fifth and sixth intercostal spaces, extending about an inch. Heart sounds almost lost. Proposed aspiration of the pericardium, which was refused, as the head symptoms were still severe, and there was no certainty of any good result in the end.

6 P. M. Temperature 102.8, pulse 130, respiration 60. To stop the ergot, etc., as it was next to impossible to give medicine, and to continue the digitalis, ammonia carb., and whisky.

April 14th, 11 A. M. Temperature 102, pulse 130, respiration 60. Had a sinking turn in the night, when his hands and feet were cold. Does not complain of anything in particular. Mind wanders a good deal. Sleeps most of the time.

6 P. M. Temperature 102.8, pulse 130, respiration 60.

April 15th, 11 A. M. Temperature 102, pulse 135, respiration 75. Patient weaker, otherwise about the same.

6 P. M. Temperature 102, pulse 140, respiration 60. Was asleep and I did not waken him.

April 16th, 11 A. M. Temperature 101.5, pulse 150, respiration 75. Had a bad night. Needed constant stimulation. Evidently sinking.

6 P. M. Temperature 101.3, pulse 150, respiration 55.

April 17th, 10 A. M. Temperature 101.2, pulse 140, respiration 60. Seems a little more comfortable.

6 P. M. Temperature 101.2, pulse 150, respiration 68. Is very much mixed on his anatomy. Calls his ankles his head, and his bowels his knees, and complains of pain in both. Has had free movement from his bowels to-day.

April 18th, 10 A. M. Temperature 100.4, pulse 155, respiration 62. Is much weaker.

6 P. M. Temperature 102.5, pulse 155, respiration 62.

April 19th, 10 A. M. Hippocratic face. Temperature 101.8, pulse 158. Cheyne Stokes respiration. Six respirations, with seven seconds pause, then six respirations again.

1 P. M. Failing. Pulse intermittent and very weak; 165.

6 P. M. Oedema of the lungs commencing. Jaw dropped.

6.35 P. M. Woke and wished to be raised up in bed. As he was raised a little the heart stopped.

WINDHAM COUNTY.

To Dr. W. A. M. Wainwright,

Chairman of the Committee on Matters of Professional Interest.

My Dear Doctor: The reporter on "Matters of Professional Interest for Windham County" would respectfully report that a postal card was mailed to every member of the society in the county, soliciting reports of interesting cases and any facts of interest to the profession that could be embodied in a report for the county. The report therefore, I regret to say, is not an extended one, as only two replies have been received from the members of the Society in the county.

The past season has been characterized by an unusual amount of sickness in this locality. Exanthematous affections have been unusually prevalent, of a light rather than of a severe type of disease. Pneumonitis and acute bronchial affections have also existed, with some cases of parotiditis. I have observed that the causes that have contributed largely to the frequent prevalence of pneumonitis during the past season have been due in the vast majority of cases to unsanitary surroundings and sudden climatic changes. I have seen some types arising from ill ventilation, originating from polluted air which, being almost habitually inhaled, produces causes that tend always after a time to so depress the system and lower the vital forces as to pave the way for contracting the disease. Malarial diseases are also somewhat more on the increase in this section than heretofore.

I would especially invite your attention to the interesting contribution from Dr. Kent of Putnam, on "Hysteria Caused by Uterine Diseases."

I am very truly yours,

CHARLES JAMES FOX, M.D.,

Reporter for Windham County.

THE USE OF THE HYDRATE OF CHLORAL IN SOME FORMS OF CONVULSIONS.

By Charles James Fox, M.D., Willimantic.

For several years past I have made use of the hydrate of chloral in a large number of cases of convulsive disorders with gratifying effects, so much so that now I believe the drug to be almost a *specific*, so to speak, in these affections. It is interesting to observe that in cases of convulsions, where the bromides so often act with special efficacy, that the best effects can only be obtained when the disease is limited to the centers in the spinal cord and basal ganglia. In such cases its effect is sedative to a marked degree. It is well understood and accepted that motor centres exist in the cerebral cortex itself, which is more intimately connected to the organs of will and intelligence. Hence it is over these higher motor centers, where convulsions are more or less present, the bromides seem to be valueless. Permit me to present a case fully illustrating the value of the drug after all other remedies had for a long time been tried in vain.

Miss A., aged eleven years, came under my care in the fall of 1882, giving a history of frequent convulsive attacks, which had been present ever since her eighth year, and during the past few weeks had increased from one in four or five weeks to one nearly every other day. She had been under treatment for a few weeks, but with very little benefit. Her mother was also occasionally subject to them, but not very much of late. Several convulsions were carefully observed, with the following history: There was no premonition of the attack, and the onset was so sudden it was almost impossible to understand what set of muscles were first affected. The head was tightly drawn down and both of the sterno mastoids rigid, the arms were tremulous and rigid in semi-extension, the facial muscles were unaffected, and the eyeballs motionless, although the pupils were somewhat dilated and the conjunctiva insensible. There was deep groaning during the convulsion, which lasted about two minutes. The respiration was labored through the contraction of the glottis, and during the attacks consciousness was entirely suspended. There was no organic lesion discoverable, and no source of internal irritation. Patient was kept absolutely quiet in bed, and a carefully regulated diet tested for a few days. There being no improvement I commenced, September 26th, by ordering five grain doses of the bromide of potassium three times a day, on the 29th ten grains three times a day, and on the 30th sixty grains at a single dose. From this no effect was

perceived, and the attacks remained the same both in character and duration. The tincture of belladona was given in five minims doses every six hours, but this treatment had no effect and was increased, October 1st, to eight minims, with a similar result.

October 3d, at 3 P. M., patient was given five grains of the chloral, and during the next six hours no disturbance and patient enjoyed a good sleep.

October 4th. Another convulsion, and the patient was given five grains twice daily, morning and night.

October 5th and 6th. No convulsion under the same treatment.

October 7th. A convulsion occurred; ordered five grains every six hours, commencing at 9 A. M., and at night I doubled the doses to ten grains.

October 10th. No convulsions have occurred. I ordered chloral, five grains at 10 P. M. and 4 A. M., and none during the day.

October 14th. No convulsions. Stopped the chloral altogether.

November 29th. There has been no return of convulsions, and patient was in every way apparently healthy.

I also had other cases very similar in their attacks which yielded promptly to the chloral plan of treatment. In these cases I am of the opinion that the seat of mischief was in motor centers situated in the cerebral cortex in the convolutions bordering the sylvian fissure. These are supplied by a large branch of the middle cerebral artery, which passes through the center of the disturbed function. The effects of the plan of treatment seemed to be direct and well marked in character, and it seems to act by its sedative power on the irritated nerve centers, and therefore allows the opportunity for rest required to recover tone and nutrition.

HYSTERIA CAUSED BY UTERINE DISEASES.

J. B. KENT, M.D., PUTNAM.

In many cases of hysteria and so-called hysterio-epilepsy the exciting cause is distortion of the uterus.

I am convinced of the above fact by three well-marked cases of hysteria which have come under my care within the past twelve months, in each of which the exciting cause of the hysterical attack was due to retroflexion of the uterus, or, rather I might say, the exciting cause was due to reflex irritation, the result of retroflexion of the uterus. This irritation consisted chiefly in the physical compression and tension

of the uterine tissues, consequent upon the forcible bending of the body of the uterus on the cervix, this bending producing compression of the tissues at or near the angle of flexion, and by its interference with the tissue circulation, had the further effect of producing a continuous congestion of the body of the uterus. Dr. Emmet says that "Retroflexions are deviations from a previously existing Retroversion;" at least there is always great increase in size of the organ, which invariably accompanies retroversions, as the following cases illustrate.

In many cases of uterine displacements in women who have borne children, there will be found laceration of the cervix uteri, either unilateral or bilateral, some slight and others extending high up in the cervix. There will also be found the characteristic granular degeneration of the *os*, which so often accompanies laceration. I believe that to the above lesion, namely, laceration of the cervix, is to be attributed to a very large degree the many cases of uterine subinvolution, with its many attending evils, which are so frequently met with in our practice. To it is due, as a cause, the most aggravated of the three cases, which forms the subject of this article. The case is one of five years standing, patient dating her trouble back to the time of her confinement, five years ago. She had what she called a hard time, and did not get up well afterwards. Patient is twenty-eight years of age, of American parentage, and had always enjoyed good health previous to her confinement, but ever since has suffered (at short intervals) very severe attacks of pain, coming on sometimes at her menstrual periods, and at other times during the intervals, menstruation being always attended with more or less pain.

In the above case a speculum examination revealed the following: Laceration of the cervex uteri (bilateral); a red, granular, bleeding os uteri; subinvolution; retroflexion; marked tenderness of the uterus and adjacent structures, so much so that reduction by the finger gave considerable pain. Cervical leucorrhoea quite profuse at times. Patient complained of inability to walk and great fatigue on standing, some pain in back, and irritation of bladder.

Treatment of the above case was as follows: The uterus was replaced twice a week, and partially supported by a tampon of absorbent cotton saturated with glycerine. She was ordered the free use of the hot water vaginal douche, night and morning, in the recumbent position—eight quarts of water from a fountain syringe each time, to which was added a small handful of common salt. In two months from date of commencement of above treatment the size of the uterus was very greatly reduced, and the tenderness so much less that patient could wear a soft rubber, inflatable top, lever pessary, which she wore with perfect ease, and answered well its object. After a time Thomas's retroflexion

pessary was substituted, which kept the organ in place, thus preventing a return of the retroflexion.

Finally, when the proper time came, the cervical laceration was repaired by Emmet's operation. Patient did not have an unfavorable symptom, but went on to rapid recovery, and is entirely relieved of hysteria, and is now in the enjoyment of good health.

The other two cases were quite similar to the above, except that there was no laceration of cervix, and the hysteria was less marked. In all three cases there was marked retroflexion, and in all was there complete relief from the hysterical symptoms after the uterine dislocation was removed.

Treatment in the last two cases same as in the first, with the addition of an occasional application of tr. iodine comp. to the cervix.

SYMPTOMS AND DIAGNOSIS OF INEBRIETY AS A DISEASE, IN REFERENCE TO LIFE INSURANCE.

B. N. Comings, M.D., New Britain, Conn.

In 1882, Rev. John E. Todd, of New Haven, read before the General Association of Congregational Churches of Connecticut a paper entitled "Drunkenness a Vice—not a Disease." Another Congregational pastor reviewed in a weekly newspaper, and subsequently in a pamphlet, Dr. Todd's paper. Quite recently, R. M. Griswold, M.D., of North Manchester, Conn., under the title of "What is an Inebriate, and why he is one," has replied to Dr. Todd's paper from a medical standpoint. All these papers are carefully prepared and ably written.

The perusal of these papers has impressed me with the conviction that the symptoms and diagnosis of inebriety as a disease are imperfectly understood and not made definite in any medical literature which I have been able to consult. Without attempting to review or reply to either of the above papers, my present purpose is to present, as clearly and concisely as I may be able in a brief essay, the symptoms and diagnosis of inebriety as a disease. The question of whether inebriety is a disease is so fully discussed in the above papers and in other medical literature, I let that question pass, and assume, as fully shown in Dr. Griswold's paper, the weight of medical testimony is strongly on the side of the disease theory. Further discussion and authority is uncalled for, and the assumption is fully justifiable.

In what I have to present I have no authority to quote, and only promise the results of my own observation. If I succeed in calling the attention of men of longer and wider experience to this phase of the subject, my purpose will have been accomplished.

To determine whether a patient is suffering from Inebriety as a vice, or a disease, is sometimes a matter of great importance. In life insurance, inebriety as a vice may not shorten life, because reformation is possible, and the vice may have such limitations as not seriously to impair health. A policy may be granted to an applicant who says he drinks occasionally or temperately. But a policy should not be given to a man who indulges in such a way as to indicate that he is the subject of inebriety as a disease, or that he has an hereditary tendency to inebriety. It may be a delicate question to ask an applicant if his ancestors were inebriates. But in a proper adjustment of insurance it is just as important as to ask if he has tuberculosis or scrofula. There is no more propriety in granting a clean policy to an inebriate (by disease or heredity) than to an applicant who has tubercles in his lungs, or who has a tubercular inheritance from either parent.

In placing men in positions of trust, the diagnosis of the disease may be of great consequence. You may take a man into partnership who occasionally indulges in the social glass or takes his wine with his dinner, but you might as well take a serpent to your bosom as to marry your daughter to a periodic inebriate, or take him into copartnership. Inebriety, by acquirement or heredity, totally disqualifies a man for any position of trust or confidence. If the intemperance be a habit or a vice, there may be some hope that a partner in business, or a wife, may bring about a reform; but it is a forlorn hope when the inebriety has become a disease.

Ever since Noah planted a vineyard, and drank of the fruit of it, the race has indulged in some form of alcoholic stimulant, but not always to excess, as he did. There is obviously a normal and an abnormal use of alcoholic drinks. Prior to about 1830, a decanter was always to be found on the sideboard of every well-to-do family. Its presence was an essential condition of housekeeping, as an expression of hospitality. An invitation to take something to drink was as much a matter of courtesy as the handshaking. With the prevailing free and easy use, there were many families in which, for generation after generation, there was not a single inebriate, and cases of intoxication were very rare, even at social gatherings; but then, as now, there were certain families in which moderation seemed to be an impossibility. Indulgence invariably led to inebriety, which was regarded as more disgraceful than at the present day.

In the wine-producing countries of Europe the common people have their bottle of wine at dinner as regularly as their coffee at breakfast, and apparently the wine is as harmless to the majority of the people as the coffee. Still, certain families become inebriates, the same as in this country, though I believe the percentage there is much less than here. Society is apparently divided into two classes of persons—those who are in a normal condition, in relation to the use of alcohol, and those who are in an abnormal state The first can use it habitually, or even occasionally to excess, without acquiring the disease. The second class must practise total abstinence to be safe. Moderation, or even temperate indulgence, leads at once to the primary symptoms of the disease.

In the normal condition, men use alcohol as they use tea or coffee. If a bottle of wine, for instance, is taken at dinner, that satisfies them for the day, unless hospitality requires them to take a glass with a friend in the evening. This practice may be continued by some persons for years without any inclination to further indulgence. If, for any reason, the wine is withheld, it creates no more uneasiness or disturbance than the omission of the usual cup of coffee at breakfast. In the abnormal or diseased condition, abstinence at the usual period of indulgence produces loss of appetite, insomnia, unrest, and nervous irritability, with incapacity to perform with ease the usual duties of life. Where indulgence is only a vice, or a habit, it can be abandoned with comparative ease; but when it is the result of disease, it can be given up only with the greatest difficulty, or by the pressure of some external influence. On the slightest indulgence, the old longing returns again, with all its original force, even after the lapse of years.

So far as temperate drinking is concerned, "once an inebriate, always an inebriate." Moderation is a physical impossibility. Smoking is a vice, and is one of the most difficult to relinquish, and requires a severe struggle for a limited period, but when the desire to indulge in the habit is once overcome, it does not return again. In my observation, a very large percentage of those who quit smoking never take it up again.

When inebriety is only a vice, it is governed largely by environments. Many men drink from social influences; drink because their friends do. If they do not meet their boon companions at their customary resorts, indulgence is frequently omitted. Then again, on occasions of unusual social interest, the dissipation is

carried to great excess. The habitual drinker may be influenced by a great variety of reasons. It may be the custom at his table; he may think his health requires it; or he may have been so educated as to fall into the habit as a matter of course. When the social or habitual drinkers are surrounded by such environments that the usual conditions that have led to their indulgence are absent, they easily become abstainers, and may, from time to time, return to their old habit, or forsake it, according to circumstances.

When inebriety is a disease, its victim indulges independent of circumstances. It is no uncommon thing for the periodic drinker to seek seclusion, having previously provided himself with a sufficient quantity of his favorite liquor, and to become intoxicated at once, and keep up this condition for several days in succession, till his stomach will no longer tolerate the abuse. The debauch over, he may remain a total abstainer for weeks and months.

Hon. Mr. ——, a very prominent lawyer of Philadelphia, and an ex-mayor of the city, aged about fifty, informed me that he was obliged, two or three times a year, to have a debauch. He has an old family residence, sixteen miles out of the city, to which he resorts with a jug of whiskey, which he drinks to the exclusion of other drink and food, for several days in succession, till his stomach rejects the whiskey; then he abandons it, and after a few hours can retain a cup of strong coffee, taken clear. He is soon able to take other nourishment; when he can return to his office and resume business. For a week or two following, he can do his best work; his mind is clear, vigorous, and active, and when he has some unusual intellectual labor to perform, he prepares for it by a week of dissipation.

I might cite several other men, of good standing in business circles, who, practically, do the same thing.

I am not aware that inebriety as a habit, or a vice, is accompanied by any peculiar nervous sensations, such as characterize the diseased condition.

I have repeatedly asked periodical drinkers to explain to me in what the periodic desire consisted. Without an exception they have described a peculiar sensation of uneasiness, unrest, or goneness in the region of the solar plexus of nerves. One said it was a pain, another that it was a gnawing sensation. Accompanying this sensation there is restlessness, inability to sleep quietly, or complete insomnia, inability to fix the attention, loss of appetite,

and more or less gastric derangement. With these sensations the thought is ever present that an alcoholic stimulant will afford immediate relief.

In the progress of inebriety, there is a certain undefined period reached when a permanent mania for intoxicants is established so thoroughly that it seems almost to be a law of the organization. Total abstinence does not eradicate or even abate its power. So long as this mania is not indulged it may lie apparently dormant; but the smallest appreciable quantity of alcohol is sufficient to arouse this peculiar mania to all its original strength and force.

The victim of this disease—I know of no other name by which this abnormal condition can be designated—may practice total abstinence for years, and may become, in fact, unconscious of an appetite for alcoholic stimulants, and yet the smallest appreciable quantity of an alcoholic stimulant, taken as a beverage or a medicine, may take the unfortunate victim back to the physical condition of his former inebriety. There are abundant illustrations of this peculiarity.

This peculiar idiosyncrasy of the inebriate furnishes unmistakable proof of the nature of his case, and at once settles the question of disease.

In the early stage of inebriety the diagnosis of the disease is extremely difficult. There are no physical signs upon which the examiner can rely. He must draw all the facts on which to form his opinion from the applicant himself or his friends, neither of whom are likely to conscientiously confess the truth. The applicant himself, as a general rule, is ignorant of the fact of disease, and will account for his personal habits in some other way. Fortunately, if he is not thoroughly posted in regard to the symptoms of the disease, he will unwittingly betray the truth by the revelation he will make of his habits.

First of all it must be borne in mind that the inebriate is a chronic deceiver, and cannot be depended upon to tell the truth. His testimony is not to be relied on even under oath when there is a motive to deceive, unless there are corroborating circumstances to sustain it. Impairment of the moral perceptions is one of the first symptoms of the disease, and is also an obstacle to a correct diagnosis.

An inebriate never sees himself as others see him. If he did, there would be more hope in his case.

The heredity of the applicant should be carefully inquired into. No man is a good risk if he uses alcohol in any form, or to any extent, if he has an inheritance of inebriety, insanity, epilepsy, or any other form of neurasthenia. No matter what a man's present habits of indulgence may be, he will not be able to adhere to a temperate use for any great length of time. It is a recognized fact that *three-fifths* of all the persons who use alcoholic liquors between twenty and thirty become inebriates; and the inference that persons of such a heredity who indulge in alcoholic stimulants will become inebriates, amounts to almost a certainty. Careful inquiry will elicit the fact that such persons use alcoholic drinks because they like them; because the effect, if not the taste, is agreeable. A man may like claret because it relieves his thirst; or he may like beer because it gives him an appetite; or he may indulge in the company of friends for the sake of sociability or hospitality, and it may not be a symptom of inebriety. But when it is evident that the man drinks because the specific effects of alcohol are especially agreeable to him, he must become a total abstainer, or it will be only a question of time when he will become a confirmed inebriate.

A positive dislike or aversion to the use of alcoholic drinks at certain intervals and a strong desire for them at other periods is often a characteristic of the inebriate diathesis. When an admission is made of an occasional indulgence to excess, it is very important to know why it is occasional, or what the occasion is. If it be periodic, or at somewhat regular intervals, it must be regarded as evidence of disease. If the occasions of indulgence are accidental, or the result of environments of a temporary character, such as social gatherings, it may be regarded as a vice and not as a disease.

An abnormal desire for alcoholic drinks, however manifested, is an evidence of disease. If the diseased condition has once been established, it is always liable to return; and the percentage of exceptions in favor of permanent cure is so very small that a period of abstinence for one or more years does not make the applicant a safe risk. Men who have had alcoholism, dipsomania, or delirium tremens, and have reformed to such an extent as to be total abstainers for any considerable period, go down very rapidly if they return to their old habits.

Under such circumstances their prospect of life is very low; not more than four or five years at most in the majority of cases.

THE MICRO-SPECTROSCOPE.

Prof. M. C. White, M.D., New Haven.

The true man of science is perpetually striving for a better and closer knowledge of the world around him. Each of us, by his own work and thought, may enlarge the circle of his own knowledge at least, and thus make the universe more beautiful to himself, if not to others.

Our own profession deals less than some others with exact science, yet even the physician will find a wide door open for improvement in his own special work if he looks carefully to the progress of the exact sciences and watches their applicability to his own appropriate investigations.

The wave theory of light, most wonderfully developed in modern times, has shown us a scientific basis for the harmony of colors not less wonderful and enchanting than the harmony of music. By researches in music and electricity a method has been discovered to transmit eight or more messages simultaneously over one wire.

Equally mysterious and wonderful have become the practical applications of the prismatic spectrum. From the visible red to the violet, in the rainbow of promise, are seen an octave of vibrations. The blending of appropriate light vibrations gives results pleasing to the eye and of inestimable value as a means of analyzing the molecular compounds otherwise resolved with difficulty in the laboratory of the chemist.

In this line of research has arisen almost a new science, known as Spectrum Analysis. Chemical elements and chemical compounds are found to emit, when heated, rays of light with vibrations as definite as any note or semitone in the diatonic scale, and such elements or such compounds in definite conditions take out from the prismatic spectrum certain portions of color, certain definite lines of vibrations, which mark the spectrum with well

defined dark lines absolutely characteristic of the substances under examination.

It was this line of research which enabled Bence Jones to determine that carbonate of lithia taken into the stomach could be diffused into every part of the organism in five minutes, and also to determine with great exactness the time required for the absorption of quinine. Much of this work has been performed on traces of matter so minute as to elude the ordinary tests of the chemist. It was with the hope of bringing this minute analysis to bear upon the objects seen in the microscope that Sorby and others have constructed and variously improved and modified the instrument known as the micro-spectroscope.

The first step of progress in this direction was the construction of the direct-vision prism, a combination of three prisms of crown glass with two prisms of dense flint glass, so adjusted that a spectrum is seen in the line of direct vision, as in the instrument known as the direct-vision spectroscope.

The micro-spectroscope, or eye-piece spectroscope, consists of

1st. The ordinary field lens of the negative eye-piece.

2d. A slit formed by two knife edges.

3d. An achromatic eye-lens, which, when used as a part of the spectroscope is called a collimating lens. This enables the eye to see a distinct image of the slit.

4th. Above this lens is placed the direct-vision prism, which spreads out the light, which forms in the slit an image of any object on the stage of the microscope, into a fan-shaped spectrum.

By this means we analyze the color rays of the light from a minute object on the stage of the microscope.

By removing the prism and opening the slit, any minute object, as a particle of blood clot, not larger than $\frac{1}{1000}$ or $\frac{1}{500}$ of an inch in diameter can be found and focused, when, by closing the slit and applying the prism, the spectral phenomena of the light which has passed through the object can be seen.

I stop a moment to say that the spectroscope applied to the microscope is not necessarily a micro-spectroscope.

Most of the so-called micro-spectroscopes in the market are so constructed that if the prism is removed the collimating lens, eye lens of the spectroscopic eye-piece, is removed with it, and it is impossible to focus any minute object so as to be certain that you see in the spectroscope the light from that minute object alone.

For example, the owner of a Sorby-Browning micro-spectroscope who reported that it was possible to see the absorption bands of a single blood corpuscle, when asked to show how it was done, found that there was no method of focusing an object only to place it in the center of the field with an ordinary eye-piece and then, removing the eye-piece, apply the eye-piece spectroscope.

This was, a few years ago, one of the best Sorby-Browning instruments, costing not far from one hundred dollars.

A physician of note who had written largely in the *Medical Record* about the wonderful power of the micro-spectroscope and the imperishability of the coloring matter of the blood after the decay or cremation of the body, was asked to show how he could exhibit with his costly instrument the absorption bands of a single blood corpuscle. He, too, failed to show it. Indeed, his micro-spectroscope had no arrangement for focusing a minute object.

Up to a very recent period none of the books on microscopic technology or catalogues of micro-spectroscopes gave any explanation of any apparatus capable of doing the work required of an instrument entitled to the name of micro-spectroscope.

All the English and American micro-spectroscopes I have seen have the defect I have mentioned.

Several years ago I so modified my own instrument that I could find and examine with certainty any object, however minute. After accomplishing this modification I learned that Dr. Jos. G. Richardson of Philadelphia had done the same thing. His article in the *Philadelphia Medical Times* is the only publication I have seen that gives a satisfactory description of practical work in the examination of blood stains with the micro-spectroscope. By his method a speck of blood scarcely visible to the naked eye, and weighing not more than one fifteen-thousandth of a grain, may be satisfactorily recognized by the micro-spectroscope.

This improvement, by which the prism can be removed and the object accurately focused, is best seen in the micro spectroscope constructed by C. Zeiss of Jena, which up the present time is, without exception, I think, the best micro-spectroscope offered to the practical microscopist.

In examining objects with the micro-spectroscope, as for example particles of blood in medico-legal cases, it is found that of the absorption bands seen in blood, one near Fraunhofer's D. is nearly or quite identical with a line seen in an infusion of alkanet in alum

water, while the other line varies so little that careful comparison is required to detect the difference in position of the lines in the spectrum of the two substances.

Some accurate method of measuring the position of absorption bands becomes therefore essential to success in practical investigations with the micro spectroscope. The first method, and, in many respects, the best yet published, is by a comparison spectrum, by which, alongside the spectrum of the object as seen in the microscope is formed another spectrum by light entering the side of the instrument, which passes through the same slit and is seen by the same lenses. By this method a suspected substance is compared directly with a well known substance which it is supposed to resemble.

This method, good, practical, and every way reliable, offers no means of forming perfect records of cases to be studied and criticised by others. If this method had been entirely satisfactory other methods would not have been eagerly sought.

The second method is by means of polarized light and interference bands, a method on which a great amount of labor has been expended, but the results are so coarse and so difficult to secure accuracy that I shall not detain you by describing the method in detail.

The third method of measurement is by a screw micrometer attached to the side of the micro-spectroscope, by which an illuminated star is made to move over the field of the spectrum, and its position, when corresponding with any absorption band, is measured by the turns of the screw and the divisions on the graduated circle through which the index has moved. This method has been modified by placing a graduated scale of bright lines on a dark field at the side of the instrument, so that the micrometer scale is seen covering the spectrum. This arrangement is effected by causing the image of the lines to be reflected by the upper surface of the direct-vision prism.

C. Zeiss of Jena has improved this method by ruling the scale so as to read the wave lengths of any absorption band seen in the spectrum. Zeiss's micro-spectroscope is also so constructed that the prism and graduated scale can be swung to one side, and by opening the slit allow the observer to accurately focus an object, however small, and then, by closing the slit and swinging back the

prism you are sure to see the spectrum formed by light passing through the object under examination.

This instrument made by Zeiss is the latest and by far the best yet offered in the market. If well constructed and used with care it is capable of performing good work.

This instrument, the latest and the best, depends for its accuracy upon keeping the eye of the observer in one exact fixed position.

Suppose, for example, that on a window of ground glass—a window of different colors—the shadow of a vertical rod outside was seen by an observer in the house in a certain position, in the red glass for example, and another shadow was seen on the green part of the window. Now let a light be placed near the window so that it will be seen by an observer as reflected from the window. As long as the observer remains in a fixed position the light as reflected will appear to hold a fixed position with regard to the shadows of external objects seen on the window, but let him move a little to one side the apparent position of the light will travel to a different part of the window.

So it is in the micro-spectroscope of Zeiss (the best yet made). The least motion of the observer's eye alters the position of the bright lines of Zeiss's scale and varies the apparent position of the absorption bands far more than the difference between blood bands and those of an infusion of alkanet or other red fluid, from which blood is sought to be distinguished.

I should not omit to mention the binocular spectroscope, or rather the spectroscope fitted to the binocular microscope, invented by Sorby, and manufactured by R. & J. Beck of London.

This spectroscope is attached to the microscope instead of the objective, and while the object is not smaller than one-tenth of an inch, it may be brought under the spectroscope and the spectrum observed with one eye or with both in the binocular microscope. There is no microscope about this spectroscope. It is only a small spectroscope attached to the framework of the microscope; but it has this advantage, that the eye-piece micrometer of the microscope can be used with it, and the position of absorption bands may be noted with the greatest nicety.

Having had frequent occasion to use every known method of detecting blood stains in medico-legal cases, I have diligently sought for assistance by the use of the micro-spectroscope. I need not detail the tedious process and expensive investigations

by which I discovered the defects of the various instruments above mentioned, and some other forms not mentioned. I found them all unreliable and wanting in the accuracy required where the life of a human being is at stake. Gradually and slowly I have discovered and constructed an addition or a new form of micro-spectroscope, by which great accuracy is secured in the measurement of the position of absorption bands seen in the spectrum of the minutest object examined by the microscope, if it is capable of absorbing any definite part of the light passing through it.

This instrument I now for the first time exhibit and describe in public. So far as I can ascertain, the construction is new, and far superior to any other micro-spectroscope yet constructed. My instrument consists essentially of a spectroscopic eye piece like the simplest form of the Sorby-Browning micro-spectroscope, as it is called, with removable prism; above the instrument thus constructed is placed a small telescope with no magnifying power whatever, the lens and eye-pieces being of equal power, having a Jackson's micrometer inserted in the eye-piece.

To describe it more in detail, I would say that there is,

1. A double convex lens of about two inches focal length.

2. About an inch above this is placed a slit formed by two knife edges of London black glass, moving by double parallel motions, both knife edges approaching the center simultaneously.

In Fig. 1, two knife-edges of black glass are cemented to the parallel bars *a a* and *b b* which are moved simultaneously in opposite directions by the screw *M*. When the screw is released, the slit is opened by the action of the spring *W*.

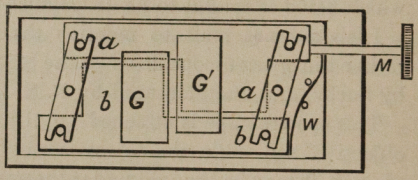


FIG. 1.

3. An achromatic collimating lens of one and one-half inch focus with the slit in focus of this lens.

4. Directly above this achromatic lens is the compound direct vision prism formed of three prisms of crown glass and two of dense flint glass.

5. A telescope achromatic field lens of about one and one-half inch focus.

6. Above this a Kellner negative eye-piece, carrying in its focus a Jackson's micrometer.

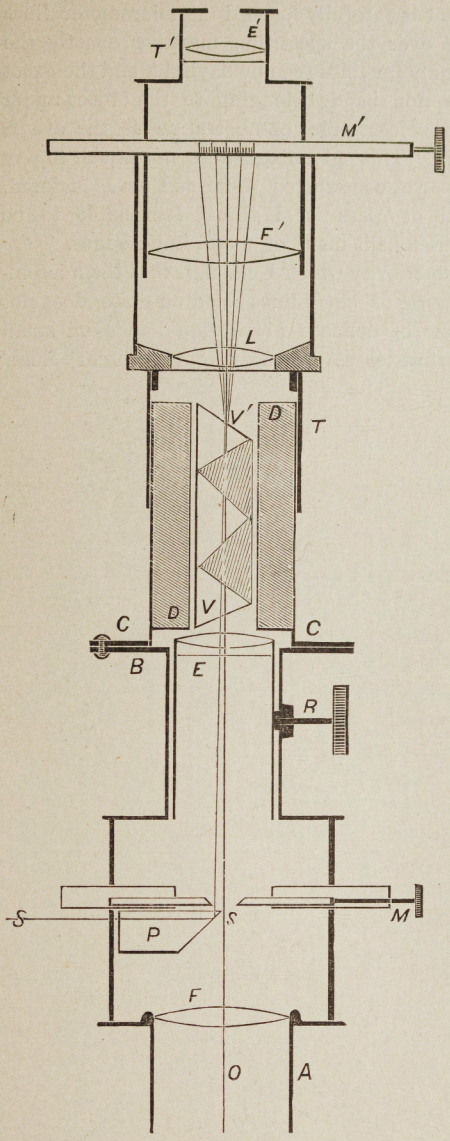


FIG. 2.

Fig. 2, shows the construction of the improved micro-spectroscope which is inserted like an eye-piece into the body of the microscope by the tube *A*. *M* is the improved slit of Fig. 1, inserted into the spectroscope. *F* is the field lens. *P* is a prism to admit the ray *S s V*, to form the comparison spectrum. The rack-work, *R*, is used to adjust the focal distance of the collimating lens, *E*. The direct vision prism, *V V′*, can be swung aside on the pivot at *C* to allow of focusing an object on the stage as in the micro-spectroscope of C. Zeiss.

T T′ is the micrometer telescope with the Jackson's screw micrometer M′, on which the absorption bands are focused so as to be visible with the micrometer lines by the eye placed at *E*. This micrometer telescope can be removed for preliminary work, and replaced when it is desired to measure the exact position of absorption bands. There is no aberration of the micrometer lines when the eye is moved from side to side.

When this instrument is carefully focused the micrometer lines are clearly seen lying over the spectrum, marking exactly the position of all the Fraunhofer lines seen by daylight, and the exact position of every absorption band belonging to the object under observation, with not the least trace of aberration as the eye is moved from side to side. This advantage does not attach to any other micro-spectroscope yet constructed, so far as I am acquainted.

The slit constructed of glass is, I think, less liable to be obstructed by dust than any slit made of metal knife edges.

Another important superiority which I claim, is that the micrometer which I use, consisting of black lines ruled on glass, does not interfere with the view of delicate absorption bands on small objects like blood corpuscles as do the bright lines of Zeiss' micro-spectroscope.

TREATMENT OF INTERMITTENT FEVER IN ALL ITS FORMS.

By A. Beardsley, M.D., Birmingham.

A paper read before the New Haven Medical Society at Waterbury, April 12, 1883.

Mr. President and Gentlemen of the Society:

The chief object of a Medical Association should be the diffusion of practical knowledge among its members. Ever learning, and never satisfied with the experience of others, the physician who has grown gray in practice and become a shining light among us, is still a learner, and often finds that the study of clinical facts are more reliable as aids in the healing art, than speculative reasoning, or prescribed rules of medication laid down in the books. True it is, that with all the light of more than three thousand years, we are still very far from the attainment of absolute knowledge of the essential nature and best treatment of almost any disease, and perhaps we hazard little in saying that such exact information can never be reached. But such is our profession, and our aim should be to settle the value of all pretentions to medical skill upon the broad basis of general principles, deduced from known and established facts.

Tracing the history of medicine from its origin, we learn that few ages indeed have rolled away without being marked by some striking discoveries favorable to the advancement of the healing art. In the days of Æsculapius, in whose temple medical information was first recorded, medicine existed only nominally among the priesthood and the shattered fragments of Grecian lore; but when the observing Hippocrates arose, he arranged clinical facts based upon the principles of inductive philosophy which obtained for our profession the proud name of science. It is amusing, how-

ever, to look into its history and see how the opinions, the fashions and pretensions of medical men and supposed remedial agents from time to time have operated on the confidence and credulity of mankind. The "roasted toads of Vogel," the "Amulets of Capellus," the "touch of King Edward," the "Elixirs of Paracelsus and Van Helmot," and a host of others equally ridiculous, have had their day and claimed from many a poor victim, racked with pain, an honest belief in their power of absolutely removing disease. We may laugh and be thankful that these delusions are buried in the past; but then in modern times we have stick doctors who cure by a sort of "hocus pocus, high Jack Barnabus"; our Steamers, armed with caloric and lobelia, who expand all diseases upon the principle that heat expands all bodies; our Hahnemanns, who cure by the magic power of trituration; our Hydropaths, who hit all cases through the capillaries with the wet sheet; our Electricians, who restore all the vital functions with lightning speed; our faithful few who cure by approaching the throne of grace and laying on of hands, and hundreds of others; but last and not least of all comes the medical adviser dubbed with the title of M.D., with his clairvoyant or lock of hair, and unravels pathology as by inspiration, and points the despairing patient at once to the fountain of all theurapeutic wisdom. Now all these have their followers, while multitudes in society from the highest to the lowest, from the learned to the unlearned, are to day swallowing down patent or secret remedies by the cargo because labeled with printers ink, "a sure cure."

Then our own age, with all its learning and research, deserves well to be laughed at. But while the true physician is disgusted at the empirical views and practices of others, the man of sober common sense thought is often astonished at the discordant opinions existing among physicians themselves. In theory there are about as many minds concerning the proximate cause of fever as stars in the skies, while in *practice*, one doctor thinks calomel the .king of remedies, and gives it in almost all cases; another calls it a life destroyer and does not give it at all; one bleeds with the boldness of Rush, another physics with the energy of Sydenham; one abounds in the stimulants of Brown, another rides the gum water of Brussais; a specialist through his speculum finds few diseases in practice to treat except uterine; some agree only on the "*vis medicatrix naturæ*" of Cullen; others

practice the "gastric hobby" of Abernethy; while some rely mostly on quinine, including the last sample compound that comes through the Post Office and so on, while a wiser than all adopts an exclusive system of "Grahamizing" as a catholicon for all the ills that flesh is heir to, thus verifying the old saying that "doctors disagree."

But amid all this conflict of opinion and experience *medical*, and more especially *surgical*, science has been directed in the onward pathway of improvement. *Never* has our profession, bating some conventional dogmas, sustained a more elevated character than at present, and new facts and discoveries are being daily brought to light. It is true we have no monarchs in our science in this age; our Hunters and our Cullens, our Bells and Bailies, and so on, are gone, but then we have an illustrious band of American and European geniuses, who spare no pains in improving the condition of our profession. In truth, the unexampled activity of the human intellect, through medical schools and the medical press, the boundless zeal in exploring the animal economy in health and disease, the researches of the specialist, the discoveries of the microscope, etc., and the improvement in the education of the general practitioner are rapidly bringing equalization among the members of the medical profession. Happy, happy doctors, who live in this nineteenth century!

I beg your pardon, gentlemen, for making these remarks prefatory to the subject of my appointment, viz.: "The treatment of Intermittent Fever in all its Forms." You see the theme is pretty broad, and I shall confine myself to the disease and its treatment as they have from time to time fallen under my own observation. Whether this fever, with all its modifications or organic complications, is generated from bad or foul air, the marsh miasm of the old authors, the germ theory, which is "seen through a glass darkly," or the epidemic idea that its etiology consists in a specific something, produced by its own cause, traveling in eccentric lines, I will not stop to inquire, but this latter theory, made so conspicuous on the map, does not, to my mind, explode the doctrine that paludal influences generate, keep alive, and intensify intermittents, independent of any settled principle known to our profession on epidemics. Facts are more valuable than theory.

My first knowledge of intermittent fever was fifty-seven years ago. I lived with an uncle who was a drover, and for many years

drove large herds of fat cattle every few weeks to New York. In the fall months he often contracted this disease at a place called Bull's Head, a spot reeking and foul from miasm, engendered from animal and vegetable decomposition through all the summer months. One fall he was long sick with a tertian ague which baffled the skill of such notable physicians as Drs. Buckley of Monroe, John Judson of Newtown, and Elijah Middlebrook of Trumbull. The patient was of robust constitution, and his paroxysms of the ague were fearful. I knew the treatment well, for I waited on the doctors and gave their medicines of bark in large doses, London porter, tinct. musk, with opiates and diffusible stimulants. Failing to break up the chills after three weeks, and patient growing feeble, Dr. David Hull of Fairfield was sent for, who suggested his famous physic, which was aloes and spices, well known in our shops as "Hull's Physic." Liberal doses of this preparation were advised, with the addition of twenty grains of calomel to each dose until free alvine evacuations were procured. A change so radical in the treatment was opposed by Dr. Buckley, as the patient was very low, but Dr. Hull prevailed and the patient recovered rapidly, but he ever afterwards was shy of "Bull's Head."

A few years before I located in Newtown, in 1834, a dam was built in the lower section of the town, flooding some thirty acres of swampy land. The dam was carried away in the winter after three years, and the coming fall, for an area of one mile or more around, intermittent fever was prevalent, which was never known before in that neighborhood. The most successful treatment in that endemic, I was informed by Dr. John Judson, was evacuating freely the stomach and alimentary canal with emetics and cathartics, followed by tinct. bark and other tonics.

I came to Derby in the fall of 1836, and from that time until the building of the Ousatonic dam, about fourteen years ago, I never met with intermittent fever except as it was imported from other towns, only in a very few cases. After its visit to Hamden and Woodbridge it struck the valley of the Ousatonic, and in 1871, 1872, and 1873, take it from below the dam, not a single family (don't except one) on the eastern shore of the river as far up as Bennett's Bridge, the extent of my ride, escaped malaria. I appeal to Dr. Pinney, whose practice up this region is extensive, for the truth of my statement. Whole families, including nursing babes not over six months old, were shaking with ague. It was less

prevalent upon the opposite shore, owing perhaps to a more sparse population. I confess that I gave more quinine in one form or another there than I do now, not, however, without prescribing appropriate alteratives.

To show the value of my treatment without heroic doses of quinine, I cannot better illustrate it than by citing a few cases under my own observation. For instance, one man and his family, tired of living on quinine, asks me is there no remedy for these chills except this expensive drug? Oh, yes; try something else; I will give you a box of my pills, which contain not a particle of quinine. Take one at bed-time three or four times a week, and drink boneset tea sweetened with molasses freely until it purges. I soon found that my patient had not only cleared one swamp of Eupatoreum, but he was actually supplanting me in my business by telling his neighbors that he could keep off the ague without quinine. Some three or four families followed his example at my expense, but they had to get my pills, which were simply aloes, blue mass, and capsicum, equal parts. I am dealing in facts, and you can judge of their value as well as myself.

Called in consultation to see a patient with severe quotidian intermittent, fifteen days after her confinement; lacteal secretion checked; pulse 120; temperature 99; tongue heavy coated and dry, with red edges; nausea, delirium, and countenance icterode. She was taking quinine in what I should call large doses for such a case—thirty grains in twenty-four hours—with stimulants and anodynes. I suggested a pill of aloes, calomel, and rhubarb, equal parts, every two hours until the bowels moved thoroughly; drop the quinine and substitute an aromatic bitter of gentian, serpentaria, and seeds with bi-carb. soda. After the operation of the alterative patient rapidly convalesced, without another paroxysm of chill and fever.

I had a female patient, full habit, fifty-four years of age, in 1878, from New Haven, sick with intermittent fever of some days' standing, complicated with cardiac rheumatism. She wanted her old physician from the city to see her, and I was quite willing. He advised quinine in 20-grain doses every three hours. That was the way, he said, they broke up the chills in New Haven. I said my plan would be to open the bowels freely with a mercurial cathartic and then follow up the quinine in 3-grain doses, instead of 20 grains, every three hours during the apyrexial stage. The

latter course was adopted, and the patient rapidly recovered from this disease. Was it the cathartic or was it the quinine that proved so decidedly curative? You will probably answer, both combined. I could cite numerous cases where patients who have heretofore taken liberally of quinine for intermittents, but have been more successful in using simply remedies acting on the hepatic secretions, combined with aromatic bitters, without quinine. I say numerous, for I can recall patients by scores of recent date, and give you their names, whose diseases were unmistakably malarial, yielding to the alterative treatment without one particle of quinine. In eight cases out of ten there is more or less manifest functional derangement of the liver, and I have been so successful with the kind of treatment to which I am so partial that if I should be obliged to abandon either method of medication in malaria, I certainly should strike from my list of remedies quinine.

In the various forms of intermittents, for fear of being tedious, I will only instance two out of many. In 1880, Mrs. D., age eighty-four, of good constitution, was sick with what I diagnosed typho-malarial fever. Her life was despaired of when she fell into my hands. She had been properly treated on the homeopathic plan, for two weeks, by a judicious and learned physician of that school. Every other day, about 2 o'clock, P. M., she had alarming death symptoms, such as nausea, vomiting of bilious matter, great prostration, cold sweats, delirium, Hippocratic countenance, etc. I had treated her in the past for intermittent fever. I gave her alterative doses of aloes and blue mass, and during the apyrexial stage, as her stomach would tolerate, administered strong infusion of bark, gentian, serpentaria, with aromatics and bi-carb. soda. She recovered, and has since enjoyed good health.

The same year, in the same neighborhood, I was summoned to see Mrs. B., the messenger saying she was lying in a fit; age, seventy-four; full habit, apopletic build, weight over 200 lbs. I found her with stertorous breathing, loss of voluntary motion, cold sweat, symptoms of strong cerebral congestion, etc. I halted between two opinions as to the use of the lancet, but relied on other means as best I could, and gave a prognosis decidedly unfavorable. The next morning I was surprised to find my patient sitting up in bed, complaining of soreness of the flesh, headache, nausea, and occasional vomiting. I suggested that this might be malaria in an ugly form, only to be laughed at; but the next day, about the same

hour, I was again sent for, and found her apparently in another apopletic fit. I at once made up my mind that this was masked malaria, and as soon as she could swallow I gave her a brisk mercurial cathartic, followed by bark and bitter infusion, with warm aromatics. She recovered, to have a similar attack a year afterward, though in a milder form.

Quinine, however persistently given, will not cure intermittents while great functional derangement of the liver is neglected. Two or three months ago a tall, stout man, from the interior of Fairfield county, yellow as an Egyptian mummy, walked into my office and despondingly asked if I could cure chills and fever. "Yes, sometimes. How long have you been afflicted in this way?" "Over six months, and I have lived on quinine, as my doctor said nothing else would do me any good, until, if I keep on, I shall have to mortgage my farm to pay the bills." I counted him out twenty-four pills of biniodide mercury, 1-16 grain, and told him to take one pill night and morning, and drink freely of boneset tea sweetened with molasses, until it purges. Drop the use of quinine altogether. I never expected to see him again, but he has called on me and said "the little red pills had done the job, and he wanted some more to keep on hand." He took no preparation of bark after taking the biniodide. I am simply dealing in facts.

In the various forms and complications of intermittent fever, the same general principles should govern the treatment, modified of course by the character of the diseased condition of the system in any given case, whether it be typhoid, local inflammation, apoplexy, rheumatism, palsy, or any morbid function to which the patient may be constitutionally inclined. Keep this in view.

I have thus, gentlemen, given you the treatment of intermittent fever as it has fallen under my observation for the last half century, without reference to books, or indulging in theory. You may differ with me, but without citing the hundreds of specifics I have seen used in this disease, I am satisfied the treatment I have shadowed forth in these hasty remarks, will prove the most successful in the hands of the judicious physician.

I cannot speak of other localities. I recollect only one of the fraternity, Doctor P. A. Jewett of New Haven, who, years ago, impressed me with the importance of the alterative treatment of intermittents.

As a general thing, physicians, in my opinion, are more lavish in

the use of quinine in this disease than is necessary. I have never administered heroic doses, as I have been more successful with smaller ones given at short intervals, and as I believe exerting a more salutary effect. Where some physicians use 100 grains a day on a patient, I would succeed with three grains given every three hours in twenty-four. We have now, I believe, some forty or fifty different preparations, combinations, alkaloids, etc., of cinchonia, some almost worthless, others valuable, but none equal to the quinine, *per se* properly administered. The pious and learned Dr. Boerhaave, who flourished more than two hundred years ago, collected and arranged the remedies used by all the physicians, retaining the good and rejecting the bad. Who in this age is wise enough to follow his example? The simplest method of treating and fulfilling the indications of almost any disease is generally the safest and most successful. The physician who prescribes, without close examination, the various combinations now being crowded upon the profession, is in danger of not "proving all things," nor even "holding fast that which is good," besides being amenable to the charge of wandering in the fields of experiment.

While Theology is drifting from her ancient moorings and becoming more progressive and tolerant in matters of faith and belief, and while the fundamental principles of law and justice are so often perverted through the meshes of our honorable courts, it is no stigma upon our noble calling, which so much involves the temporal welfare of man, that honest differences exist among us, especially in the department of Theurapeutics. We must admit that intermittents are cured outside of "the regulars." With such diversity in the methods of cure we are forced to be liberal in our views, and heeding the lessons of clinical observation, we should apply their philosophy to our credit, and to the good of our patients. In a word, we must be eclectic.

Gentlemen—I thank you for your attention, and hope I have said nothing to impair your confidence and devotion to a profession which numbers among her votaries so many honorable, learned, faithful, and humane benefactors of the human race.

OBSERVATIONS ON NINETY-TWO CASES OF KNEE JOINT DISEASE IN CHILDREN.

By J. J. Berry, M.D., of South Norwalk, Conn.

There are certain ailments which physicians always view with feelings of apprehension and disappointment; and with reason, for in them more than in all others are we unable at times to venture a prognosis, or to decide upon a satisfactory plan of treatment. Such diseases are variable in their course and uncertain in their terminations. They simulate many other diseases, their approach is insidious, and they are noted for their persistency. Much has been written of late years concerning diseases of the joints. Their pathology has undergone revision, and their treatment has developed a surprisingly large number of methods.

The strictly expectant plan may be said to have fallen into general disuse; in fact, a large proportion of the profession condemns in unmeasured terms all those methods which depend for their success upon the healing powers of nature alone. So universally have these views been held and carried into effect, that we have at our disposal numerous tables of statistics in which cases of exsection and the like are quoted by the hundreds. But can we refer to tables of any length which illustrate the expectant plan of treatment? I believe there are very few in existence, and it was from the conviction that we had no such reliable *data* that I was led to prepare this paper.

By reference to the considerable number of cases which certain appointments have enabled me to here present to you, one plan of treatment may be placed in contrast with the other, and conclusions drawn therefrom. I would not lead you to infer that I am advocating the "let alone" method which overlooks so many forms of surgical therapeutics, and is of itself of a most primitive character, yet I am led to imagine that a knowledge of how well and how satisfactorily some of these cases take care of themselves, will prove reliable alike to the operative and to the conservative

surgeon. The pathology of bone disease rests, as before stated, on an uncertain basis. We fix our hopes on a theory to-day—we discard it for a newer one to-morrow. One day we are confident that the disease has its etiology in traumatism; the next, we have grave doubts as to whether it is not wholly tubercular. Any conclusions therefore which can claim to be more than theoretical possess an element of value. It has been thought expedient therefore to refer to the general pathology of bone inflammation, and to consider the prognosis of the disease in its various relations. Acute affections of the joint, as periarthritis, acute synovitis, and others which run a rapid course, I have not tabulated here, for their etiology, pathology, and prognosis differ widely from the same in the chronic forms. With one or two exceptions, osteitis and synovitis are the two chronic lesions, proper, of the knee joint, in children.

Of ninety-two cases, sixty-eight were of articular osteitis, and twenty-four of chronic synovitis. That there may be no misinterpretation of statements regarding the two diseases, let us pause a moment to define their pathological differences, and the symptoms peculiar to each.

The one is primarily and without exception, a bone disease. Its location is dependent somewhat on the variety in question. It may begin in the medulla or compact tissue of the lower portion of the femur, or may begin as a periostitis and progress towards the deeper parts; more frequently its starting point is in or near the epiphysis. At the outset or in its primary stages it is not related to the contiguous point, but may become so in the course of the disease. Synovitis, on the other hand, is, from the first, a joint disease. Its inception is in, or in close relation with, the synovial membrane, and remains so until late in its history. I may be allowed to quote from a previous article* certain anatomical points which are indispensable to a proper appreciation of these forms of bone disease, for they go far to explain their etiology, date of appearance, and subsequent course. "The cancellous tissue has been described as differing from the compact variety only in degree of condensation. But there are other points of dissimilarity. It is the location of anastomosis between the arteries of the shaft, epiphysis, and perichondrium, though no

* N. E. Med. Monthly, Oct., 1882.

distinction can be made between the portions supplied by each system of vessels. The venous supply is large and has its exit through the numerous apertures at the extremity of the femur. The walls of the vessels being enclosed in a bony sheath, were extremely thin and delicate, and are consequently very susceptible to injury. The cancelli surrounding the venous canals are in free communication with the latter by numerous vessels which perforate the walls of these spaces. The vascular network is more defined near the epiphysal line, but its exact relation to the shaft varies with the degree of ossification attained; blood-vessels reach out beyond the newly formed osseous tissue into the adjacent cartilage, but there is little vascularity about the periphery of the head. The extreme congestion of this portion of the femur is especially apparent during the first few years of life—so great is it that there is resolution of newly formed tissue, and older portions of bone are replaced by newer formations." We should expect, therefore, greater susceptibility to disease at this period of life, and our statistics confirm this impression, for of the sixty-eight cases, the average date of inception was found to be the age of four and a half years. In synovitis, however, in which the pathology is so different, we have no reason to look for its appearance early in life, and my tables show that in the twenty-four cases referred to, the age of inception averaged eight years. These figures cannot be considered wholly reliable, as my observations were confined, in these cases, to children only, and we know that while osteitis is most rare in the adult, synovitis is one of the most common diseases of maturity.

The mortality arising from the expectant method is not so great as one would naturally expect. Of ninety-two cases, death occurred in nine, of which latter, one was from septicaemia, seven from asthenia, and one from Bright's disease of the amyloid variety. Considering the extensive and prolonged suppuration which occurs in so many cases, we should expect to find blood poisoning among the most frequent causes of death. Yet this is not the case, for many more succumb from simple exhaustion.

Tubercular meningitis is occasionally noticed as a complication, yet it is much more apt to be associated with disease of the hip or spine. It appears, as a rule, late in the affection, and its course is rapid and destructive. Waxy degeneration is a rather more frequent complication. In some of these cases this lesion of the

kidney was noticed, but no dangerous symptoms supervened while the patient remained under observation. In cases of hip disease we recall several fatal results. This affection of the kidney or liver seems, in some instances, to have been cured or relieved by operative measures. We recall one instance in particular, in which amputation at the lower third of the femur for knee joint disease was followed by entire disappearance of all symptoms of amyloid degeneration. Suppuration is necessarily attendant upon both varieties of disease, and is of equally frequent occurrence in each, though in synovitis it is usually noticed somewhat earlier. Of the ninety-two cases there was formation of pus in thirty five. In disease of bone, here as well as elsewhere, suppuration is often delayed until late in its course. Several months, and occasionally two or three years, may elapse before an abscess appears about a joint, and even then it increases in size so slowly that its final evacuation may require an equally long period of time. It has been for a long time admitted that osteitic disease of the joint produced not only expansion, but growth in the long diameter of the femur; this has been proven by measurements taken by Iutland, Helferich, and Wagstaff, which, though conclusive, were not upon a large scale. The following are the results of examinations of sixty-eight cases of articular osteitis:

In 2 cases there was 1 inch lengthening of the femur.
" 10 " " " 3/4 " " "
" 19 " " " 1/2 " " "
" 18 " " " 3/8 " " "
" 8 " " " 1/4 " " "

In six there was an average shortening of $\frac{3}{8}$ inch, while in five no change in length was appreciable.

In synovitis, however, there was found either an arrest of growth or, what is more rare, a real shortening of the femur. The table of twenty-four cases shows that

In 5 there was 1/3 inch elongation of the femur.
" 3 " " 3/8 " shortening "
" 2 " " 1/2 " " "
14 remained unaltered.

In cases of osteitis of the head of the tibia, which is not very rare, there is also an appreciable lengthening of the limb. In eight of the eleven cases tabulated, this was more or less apparent. * In obtaining these measurements there is a constant source

* Boston Med. and Surg. Journal.

of error, which must be taken into account. We must not forget that there is a normal variation in the limbs of perfectly healthy subjects which is often considerable in amount, and sometimes misleads. The duration of the disease before measurements are taken must also be taken into account, for there is absolutely no bony growth after the epiphysis has become united to its shaft, and ordinarily very little during the first six months, or after the first two years of the disease. It seems to us that the age of the patient forms one of the essentials of a correct diagnosis, for of all the cases under observation we recall none in which osteitis began after the fourteenth year.

The ultimate result secured by the expectant method of treatment has long been a matter of interest to specialists as well as others, and the question has often been asked as to how they compare with those attained by operative procedures. The condition of the limb involved is here shown. Of ninety-two cases,

In 15 cases there was firm anchylosis.
" 20 " " " slight motion.
" 15 " " " motion over an arc of 30 degrees.
" 32 " " " " " " 90 "
" 10 " " " " nearly perfect.

To what extent the success attained was attributable to the method employed cannot be stated. The object invariably was to secure the most perfect fixation of the joint and to constantly maintain it; little or no motion, whether active or passive, being allowed until the period of convalescence.

In a considerable proportion of cases a certain amount of deformity has been noticed. In the progress of the disease several anatomical changes occur which aid in producing this condition. We have those arising from immobilization of the limb combined with those resulting from the disease itself—such as bony enlargement of the femur at its lower third, located most generally in the internal condyle, and producing not only a certain amount of genu valgum, but indirectly, sub-luxation of the tibia and fibula. Some of these conditions are invariably present in all cases which have come under treatment. There may be cases of marked sub-luxation in which a considerable degree of motion is preserved, and there remains a very useful joint. In short, anchylosis is not the best possible result which may be hoped for, for while fusion of the joint surfaces cannot be overcome, muscu-

lar atrophy, shortened ligaments, and other periarticular changes can be in part remedied. Oftentimes patients who have been discharged with great joint stiffness and difficulty of locomotion, will experience from the effects of exercise alone marked improvement, the limb becoming stronger and more flexible.

I have thus endeavored to present in a brief way the phenomena of joint repair in those cases which will be most apt to come under the observation of the practitioner. Should he be conservative in his mode of treatment he will find herein much encouragement, and perhaps a confirmation of his own opinions. Should he advocate the strictly surgical treatment of such diseases, some advantage may be derived from the study of their natural history as here given, and inferences may be drawn which will cause him at times to hesitate before resorting to extreme measures. There are in both methods of treatment much to criticise, but there is a middle way in which one may walk with greater safety.

ESSAY.

SOME POINTS IN ORAL SURGERY OF INTEREST TO THE GENERAL PRACTITIONER.

By George L. Parmele, M.D., D.M.D.

[Presented to the Ninety-Second Annual Meeting of the Connecticut Medical Society, May 23, 1883.]

I should much rather at this time be a silent listener to words of wisdom and instruction from those older in membership in this Society and profession than myself, and consequently better qualified to be one of your essayists at this our ninety-second annual convention; but as you have seen fit to detail me for this task I will not shirk it, as I should be pleased to do, but endeavor to present for your consideration a few ideas concerning the specialty I have adopted, which I hope may not be without interest to you.

Contrary to the prevailing idea, dentistry is not of recent origin. The Egyptians had specialists in every department, and it is claimed that artificial dentures of wood, ivory, and gold have been found in the jaws of mummies. It has also been asserted that fillings of gold have been found in their teeth; but recent investigations by several English dentists of high repute tend to throw discredit on this statement, and they incline to the belief that the teeth were only gilded, as often times were their faces, as a means of decoration. On the other hand, there is the authority of Sir Gardiner Wilkinson, who states that he has seen teeth filled with gold in the mouth of a mummy at Thebes, and the fact that Herodotus mentions the existence of both oculists and dentists as specialists among the ancient Egyptians, makes the statement appear probable.

Hippocrates, 500 B. C., and Aristotle, 350 B. C., wrote largely on the teeth.

Celsus, 100 B. C., recommended the use of the file for removing the sharp edges of carious teeth.

Galen, A. D. 100, treated the subject more extensively than any ancient author.

Ætius, an Arabian, A. D. 300, discovered the apical foramen through which the nerves and vessels enter the dental pulp.

From this time until the latter part of the middle ages, the practice of this specialty, like that of surgery, fell into the hands of mechanics. But about the time of the revival of surgery some advances towards modern dentistry were made. Among the writers of this period were such men as Fallopius, Eustachius, and Paré. Later came John Hunter, and others of his day. Dentistry in those days consisted mainly in the construction of artificial dentures, and was practiced as an art, by jewelers—as a century or two before rude surgery was performed by barbers.

During the eighteenth century the practice of this art began in America, but it was soon discovered that for the intelligent and successful treatment of the teeth some anatomical knowledge of these organs and the surrounding tissues was necessary, and the better class of those engaged in this calling began the study of their anatomy, physiology, pathology, etc., and some medical men began to engage in the practice.

Societies were organized, journals and text-books published, and about 1839 the first dental college was established. American dentists soon became acknowledged of superior skill the world over. At this time the almost universal remedy for nearly all diseased conditions of the teeth, except simple caries, was the forceps and the substitution of artificial teeth. Now, exposed and inflamed pulps are saved alive; abscessed teeth, atrophied sockets, and necrossed jaws, are successfully treated and saved; extraction, except in extreme cases, is considered malpractice.

Dental deformities are corrected; fractures of the maxillae, diseased antra, and all abnormal conditions of the mouth, are considered as coming within the province of a thoroughly educated dental and oral surgeon. Not only this, but by proper prophylactic measures in the young, impairment of these organs is, to a great extent, arrested.

But while scientific dentistry has rapidly advanced, empiricism has not been idle, and it would be impossible to estimate the

amount of injury inflicted by the quacks with which the country abounds.

The Society for the Prevention of Cruelty to Animals protests strongly against vivisections; for original investigations, would it not be better employed in waging war against the wholesale extraction and mutilation of the valuable organs under consideration?

The importance of good teeth to mankind is greater than is appreciated by many. Like the eye, ear, tongue, and other special organs, they are designed for a life service, and their preservation contributes valuable service to the human economy, while their premature loss is of serious damage to the whole body.

In a late report of the Odontological Society, of Great Britain, Edward Canton, F. R. S., gives a large number of cases of habitual constipation, with enormous accumulations of faeces in the descending colon and distressing symptoms of all kinds, which were distinctly traceable to absence of, or a diseased condition of the teeth, to such an extent that mastication was not properly performed, and where treatment was without avail, until the masticatory apparatus was put in proper condition, when the constipation was cured. He says: "It is well known that imperfect mastication of food is a common cause of diarrhea, but few medical practitioners appear to be aware that habitual constipation is not unfrequently due to this cause." . . . . . "It is, in fact, scarcely possible to exaggerate the importance of proper mastication of the food. It should be reduced by the teeth to a complete pulp, and unless so reduced the digestion is sure to be deranged and general lowering of health will follow. The imperfectly digested mass, which passes through the pylorus, does not take up a proper amount of bile, nature's purgative, and the consequences which I have just been describing follow as a matter of course. I have said that imperfect mastication always causes more or less general impairment of nutrition; this is sometimes very marked: the patient continues for some time thin and weak, and at last falls an easy victim to any illness by which he may be attacked. In women this general low state of nutrition greatly predisposes to barrenness. A young lady was brought to me by her husband; she had been married for some time, but had no family. She was thin, "nervous," had no appetite, suffered from indigestion when she did eat, was restless at night, and had bad

dreams. I asked her if she masticated her food properly, and she answered, "Oh yes;" but, on looking into her mouth, I found that her teeth were very badly decayed. I recommended the supply of molar teeth; they were adopted, the lady got stout and strong, soon became pregnant, and eventually had several children. So marked was the improvement in her health, and so evident the connection between this and the subsequent pregnancies, that when the husband paid me an occasional visit, and I asked after his wife, he used to answer, "Oh, she is quite well, thank you, Mr. Canton, *she does not want any more teeth!*"

Dr. Oliver Wendell Holmes, in a commencement address delivered before the students of the Dental Department of Harvard University, after speaking in his happy strain of the value of the teeth in relation to the beauty of the human countenance, says: "But we must add to this the consideration, that speech is so largely dependent on the perfection of the teeth, that language, we might say, loses a little with every tooth that falls. What can be more painful to witness than the efforts of a hapless friend to bite his consonants out of the alphabet when he is reduced to the condition of the infant, whose boneless gums are unfit for any task but the caressing pressure of the maternal mouthful!" "And then the humbler, but still necessary function of mastication, how much depends upon the ease and perfection with which this is performed! You can tell the state of a village by going to the mill. If it has enough to grind, and grinds it well and cheaply, you will find good farms and well fed people; so if you see a good square jaw, filled with good sound teeth, and moved by a set of muscles that mean business, and do it, you will find in all probability, that they nourish a sound frame in man or woman." The teeth and their surrounding tissues, connected as they are through the fifth pair of nerves with the centers of inervation and the vasomotor system, do undoubtedly, when in an abnormal condition, exert through the ramifications of these nerves a baneful influence through the body. I am continually impressed with the ignorance of the public in regard to this matter of so much value to their general health, that if they could only be made to understand more fully about it, I think they would be saved a great amount of suffering, to say nothing of saving them from bad dental practice, which instead of encouraging the preservation of these useful organs, hasten their destruction and loss. Even physicians are

not as well informed on this subject as they might be, to advantage. As medical colleges are now conducted, medical graduates go forth in as great ignorance of diseases of the teeth as do dental graduates of general disease. Lest you think me opinionated in my views on the subject, let me quote what I heard J. Marion Sims, M.D., say at a meeting of the New York Odontological Society. "As to the effects of diseased teeth upon the general health, I wish medical men generally could be better educated upon that point. We are all familiar with the fact that decayed teeth frequently cause neuralgia; and this is the extent of medical education on the point. They usually do not recognize the fact that, as a general thing, decayed teeth, teeth with inflamed alveolus, with matter exuding from around the teeth, are the means of producing more nervous disorders, more terrible consequences to the general health, than almost any other thing that can happen.' . . . . . Some simple knowledge of this subject would enable the medical man to treat them more successfully than he does. It is a matter of regret that medical men generally have so little knowledge of this subject." He related numerous cases to illustrate his views.

At the same meeting Dr. Frank Hamilton expressed similar views.

Samuel Sexton, M.D., Surgeon to the New York Ear Dispensary, in the *American Journal of Medical Science*, says: "The apathy which has always existed on the part of the profession regarding this subject has left the treatment of diseases of the teeth in the hands of men who have occupied themselves almost exclusively with its mechanical department, and who, as a rule, have but little to do with the teeth in a medical aspect. It is greatly to be regretted that a field of such interest has been abandoned by the profession. Many affections of the teeth lead to most grave and intractable diseases of the regions presided over by the sympathetic system, which are often suffered to be long unattended before they are brought under appropriate management. Thus an ear, eye, or throat difficulty may become firmly seated, or a neuralgia, which renders life intolerable, established. When I look back at the operation for the removal of Meckel's ganglion, which I twice witnessed, for the relief of facial neuralgia, it occurs to me that the most simple of remedies could have controlled that disease when it was first induced, as was probable in these instances,

by a carious tooth. I think you will find Dr. Sexton's article well worthy of perusal.

I cite the following case from my own practice—a simple one—as showing long continued unsuccessful treatment of neuralgia of about five years standing, of the trifacial nerve, caused by a periodontal abscess opening into the antrum, and causing severe neuralgia, with the absence of pain in the teeth, which caused the trouble.

Mrs. H., aged 50, was referred to me September, 1881, by Dr. C., for treatment. I found the left superior canine with its crown missing, and the root loose from chronic periodonitis. The bicuspid and first molar were missing, and half an inch above the margin of the gum, at a point formerly occupied by the second bicuspid, a fistulous opening was discovered, which upon probing, was found to lead to the antrum. Removal of the canine root was followed by a slight discharge of pus, and a probe passed into its socket also entered the antrum. Surrounding each of these openings was carious bone, greater in amount, however, at the canine opening where the maxilla was dissolved, for a space half an inch in diameter.

Having thoroughly removed all diseased bone with bone-cutting burs, in the dental engine, I then, by means of a small tube attached to a fountain syringe, allowed about a pint of warm salt water to flow into the antrum at the anterior opening, which made its exit at the posterior opening.

By changing the tube to the posterior opening, I reversed the current, thus insuring thorough cleaning of the sinus. This was followed by an injection of,

℞ Eucalypti (Sanders' Sons), ʒ i.
Iodoformi, gr. x.
Aquæ, ʒj.
M.

Then a tent of candle-wicking saturated with glycerine and eucalyptus, was passed into the antrum at the anterior, and brought out at the posterior opening where the two ends were tied together. A few days later floss silk was substituted for the wicking. This treatment continued a week, when the tent was omitted and the patient being instructed, from that time, kept the parts clean herself. In a month, after a few stimulating injections of

℞ Zinci Sulphatis, gr. iij.
Plumbi Acetatis, gr. v.
Tincturæ Catechu, gtts. x.
Aquæ, ʒ i.
M.,

the parts had regained their normal condition, the neuralgia disappeared, and the openings gradually healed. The fountain syringe for thorough cleansing of the antrum I find very useful. I have never seen its use for this purpose mentioned, nevertheless it may be an old idea, though new to me. It is more easily managed, either by operator or patient, than any other form of syringe.

I have always believed that dentistry ought never to have been established as a separate profession, but that any one desiring to practice in any department of medicine should be required to follow a regular medical education, and then to perfect himself in the desired specialty.

I think that a few lectures on dental pathology, introduced into our medical courses, would be of great value to the general practitioner. I desire to ask the coöperation of the medical profession in the preservation of the temporary and deciduous teeth. You come more in contact with the little ones, and have better chances of observing their mouths, and of giving advice to their parents than the dentist.

The deciduous teeth for the most part receive attention only when the sufferings of the child render palliative treatment necessary. Perhaps you are not fully alive to the consequences, direct or indirect, of the premature loss of these organs upon the future health and comfort of the child.

On these teeth to a great degree depends, not only the regularity and usefulness of the permanent set, but the perfection of the whole physical organization. At no other time in life are sound, serviceable teeth more necessary as aids to digestion than during these years of growth and development. It is therefore a sad mistake when temporary teeth are permitted to be prematurely extracted. Serious may be the consequences when days and nights of odontalgic pain are suffered to elapse without mitigation. In fact, the health and welfare of the individual may be seriously impaired by a neglect of the treatment which these teeth demand in the majority of cases. Parents have not been educated as to their value, and a great many dentists practically ignore the matter

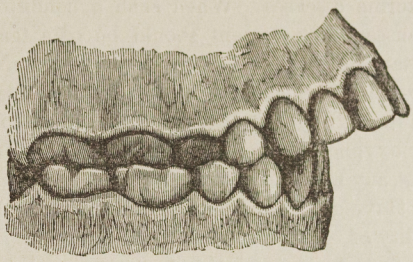
because of the difficulty and tediousness of operations on the teeth of young children, and because these cases do not directly pay pecuniarily.

I would not have you construe what I have said concerning premature extraction of these teeth in meaning that they should never be extracted, for oftentimes the removal of some of them is an absolute necessity, as for example, an alveolar abscess connected with a deciduous tooth not unfrequently results in necrosis of the surrounding bone, involving oftentimes the loss of the germs of several permanent teeth. The following case illustrates this point:

Johnnie F., of Irish parentage, and scrofulous diathesis, about five years of age, was brought to me by his mother, who desired the extraction of the right inferior second molar to relieve pain, which he referred to that tooth. Examination showed the surrounding parts congested and highly offensive, but the tooth complained of was so slightly attacked by caries as to show at a glance that it was not the cause of the trouble. Traction upon it however, showed it, and a portion of the adjoining bone, quite loose and free from the maxilla. After making a slight incision I was able to gently lift out the exfoliated portion (which I pass around for your inspection). It will be observed that the germs of the permanent bicuspids are in the sequestrum, but on examination of the boy's mouth at the present time (it being now about seven years since I first saw him), shows the permanent canine also missing, the germ of which occupied the space where the most accute inflammation seems to have been. Owing to ignorance of the mother the history of the case is rather meager, she not being aware of any trouble until a day or two before consulting me. I am inclined to think, however, that the trouble resulted from a blow which the boy said he received about a year before. The only after-treatment required was thorough cleansing with carbolized water—the parts healing generally.

The whole of the time allotted to me for this essay could to advantage be used on this question alone, but I will tax your patience only long enough to again ask that you use your influence in trying to impress upon parents the necessity of having these teeth carefully and frequently examined by a competent practitioner, for more can be done to *avoid* impairment of the teeth before the age of twelve than at any other time.

While speaking of children, I will simply call your attention to a deformity of the oral and nasal cavities and the adjacent bones, which often seriously impairs mastication and speech, and occasions difficulty in nasal breathing, with its attendant ills. In this deformity, which is produced by the habit in the infant of thumb-sucking*, there is a forward and upward projection of the superior maxilla, accompanied by a fan-like projection of the teeth and upper lips. The bones of the floor of the nares are elongated, narrowing the nasal cavity, and generally there is a lateral deviation of the bridge and septum of the nose which causes stenosis, from the thickening of the tissues. In the lower jaw a reversed deformity often exists which deranges the proper articulation of the teeth, interfering with mastication, and consequently impairs digestion. The practice of lip, finger, or tongue-sucking may be reckoned under this head, and can cause considerable deformity at an age when the parts are so easily moved and moulded, and whenever any of these pernicious habits have been formed in children, no pains should be spared to break them up. This habit, apparently so innocent, is often encouraged by those ignorant of the consequences as the peace and quiet given to parents while irritable infants are so engaged is considered especially desirable.



Although a habit hard to correct, even in quite young children, and one which waxes stronger with increased years, to break it up is easier than to remedy the resulting deformity. A night-dress without sleeves, fitting tightly about the neck inside of which the arms can move at will, is one good mode of treatment. A very interesting article on this subject will be found in the *Boston Medical and Surgical Journal*, 1878, by T. H. Chandler, D.M.D.

Physicians and dentists have long observed that during pregnancy the teeth of females are particularly prone to decay. While

*Through the kindness of Norman W. Kingsley, M.D.S., D.D.S, I am allowed the use of this figure (from his work on "Oral Deformities"), which shows a deformity resulting from thumb-sucking. G. L. P.

I have never met with any theory as to the cause of such increase, I am inclined to the opinion that to the abnormal condition of the female pelvic organs, acting through the digestion, together with a vitiated condition of the oral fluids at this time, is due this result.

The same is true, to a great extent, of females suffering from uterine diseases. When such a condition exists, whatever the causes, the treatment should be of a temporary nature, so as to lessen the strain on the nervous system of the patient, and because so-called permanent operations will, while the same predisposing causes exist to produce caries, be found soon to fail. Gutta percha or oxyphosphate of zinc fillings will be found in such cases to outlast any metallic stoppings.

Having often been consulted by medical men as to the advisability of extracting teeth from the mouths of pregnant women, a few words here, on this topic, may not be out of place. While the extraction of a tooth is an operation of common occurrence, it should not be considerd as trifling, for it produces invariably a sudden nervous impression—*shock*.

There is a rupture of from one to three square inches of living tissue, containing blood-vessels, and from one to four nerves, while often there is more or less extensive fracture of the bony processes and profuse hemorrhage; and in the case of a pregnant woman, all these things should be borne in mind, together with her previous history and condition.

That which may be endured with impunity by the nervous system at one time, may at another be attended by serious injury and prostration The condition of the tooth also should be taken into consideration, as to its amenability to temporary treatment for allaying pain incident to it, also to the amount of force required in its extraction, and the consequent shock.

Where a choice has to be made between allowing the tooth to remain, involving odontalgia, severe neuralgia, antral or alveolar abscess, (conditions compromising the general health and comfort of the patient), and the removal of the offender, the latter course I should think the proper one to follow, but this contingency can usually be avoided, and does not often arise. It should be a choice between two evils, and especial care should be used to avoid, as far as possible, all nervous impressions. When extraction must be resorted to, I should advise the use of an anaesthetic, preferably

nitrous oxide, there being less danger attending its administration, and because its effects so quickly pass away; and furthermore the operation had better be performed at the home of the patient, especially if she be in delicate health, so as to avoid the nervous irritability which is often awakened by seeing the paraphernalia of the extracting room. I should consider it reprehensible to extract teeth at this time to prepare the mouth for an artificial denture, as the operation should only be performed during pregnancy as a last resort.

As the greater danger of miscarriage exists in the earlier months of pregnancy, temporary treatment, if possible, should then be resorted to, if only for a few weeks. Still, where the tooth is not *easily* amenable to treatment, I believe that the shock from extraction would be less likely to do harm than the exhaustion produced by long continued pain.

In ending, I can truly say that I feel honored with my appointment as an essayist for this occasion, an honor which I desire to acknowledge.

ESSAY.

ASPIRATION OF THE CHEST IN PLEURISY.

BY WALTER HAMLIN HOLMES, M.D., WATERBURY.

Much of the old treatment of pleurisy was emphatically heroic; that is, the patient was quite a hero to endure it, though it is difficult to see anything especially heroic in his physician's giving it. To begin with, all sorts of so-called antiphlogistic treatment were used—bleeding, leeches, blisters, cathartics, mercurials, antimonials were pushed to such an excess to cure the disease that the patient too often succumbed to the combined forces of his malady and its treatment. In fact, in very many cases disease was regarded as an entity—something to be vigorously attacked and driven from the system. The old story of the doctor and his club was many times a good mirror of the then existing state of things. The disease and the patient were both supposed to be in a dark room, into which the doctor, with a club in his hands, was admitted. He dealt a blow in the dark, and might be so fortunate as to disable or destroy the disease, or so unlucky as to lay prostrate the patient. Under such treatment pleurisy was rightly regarded as a very serious disease. But, beginning in the early part of this century, the "Numerical School" made discoveries that overturned many of the old notions. Patients were subjected to various methods of treatment, and the results were recorded and numbered—*observationes perpendendæ et numerandæ*. It was found that the mortality and the length of time required for recovery varied considerably among patients treated in different ways, but that they were greatest in the class most actively treated, less in those for whom little or nothing was done, and least in those whose symptoms were treated as they arose, but who did not receive active and specific treatment merely because

they had pleurisy ; so that the more actively the physician tried to kill the disease the more likely he was to destroy his patient.

Many of the fallacies in the endeavors to remove by treatment pleuritic fluid in the pleural cavity arise from considering that the problem is the same as that of removing ascitic fluid from the peritoneal cavity, and is to be solved in the same way, while the important differences in the two conditions are forgotten or ignored. Because cathartics, diaphoretics, or diuretics are so often efficacious in diminishing or entirely removing abdominal dropsy, it by no means follows that they will be of any service in diminishing pleuritic effusion. The pleura becomes inflamed and its absorbing power interfered with ; the balance of the two processes continually going on of secretion of fluid by the healthy pleura and its reabsorption, is lost, and the fluid, now loaded with fibrin and other products of inflammatory action, continues to be poured out, but is not to the same extent absorbed, and so accumulates ; the absorbing surfaces become more or less thickly coated with fibrin ; and after the acute inflammation is over there is left a greater or less amount of fluid enclosed in a sac of comparatively small size, whose walls may reabsorb it, or may be left utterly unable to do so. In dropsy of the peritoneum, on the other hand, the peritoneum is frequently in a nearly healthy condition, as in ascites from hepatic cirrhosis, from valvular heart disease, or from renal disease, and not hindered from absorbing ; the absorbing surface is of great extent ; the fluid is very favorably situated for absorption by the capillaries of the portal vein when depleted by the action of hydragogue cathartics ; and there is constant motion both of the abdominal walls and the bowels, which must be very favorable for absorption, while every one has seen how little motion there is in that side of the chest which contains a pleuritic effusion of any size. In fact the conditions of ascites and pleuritic effusion are so dissimilar that very different means must be used to assist nature in restoring a healthy state of things when she is unable to do it without assistance.

In many cases of acute pleurisy, after the acute attack is over, the effused fluid is absorbed in a reasonable length of time by the pleural membrane, which has not been much coated with fibrin or in any other way deprived of its power of absorbing. In these fortunate cases, of course, no treatment is needed except such as may be required to keep the general health in good condition ; the

fluid is disposed of without our assistance. But in quite a proportion of cases, from one cause or another, the fluid is absorbed either very slowly or not at all, and outside assistance is needed either to greatly shorten the tedious period of convalescence, or perhaps is necessary to save life. In altogether too many cases, effusions that are slowly absorbing, or not absorbing at all, are practically left to take care of themselves, the doctor wishing to be "on the safe side," which means often that he is willing to expose his patient to certain great loss of time, to the risk of life-long invalidism, or even of death, rather than to take decided and efficient steps for his relief. There are many dangers in allowing pleuritic effusions, particularly large ones, to remain for an indefinite length of time. When a large effusion occupies the pleural cavity the lung is shrunken to a small, almost solid mass at the upper and posterior part of the chest, near the spine ; the longer the effusion remains the less likely is the lung to re-expand, partly from adhesions between its surface and the neighboring parts of the chest growing too strong to be broken down or sufficiently stretched to allow of its full expansion, partly from changes taking place in the substance of the lung itself from its long-continued unnatural compression. Even if after existing for a long time a large effusion should be absorbed or otherwise gotten rid of, under these circumstances the chest-wall sinks in, as the lung cannot expand to meet it, and the patient is left deformed, with a shrunken side and with only one lung that is of much use to him, with his powers of resistance to disease and hardship greatly lessened, and his life is probably much shorter than it would have been could he have recovered perfectly. Again, the existence of a large effusion, particularly on the left side, displaces the heart very considerably : when the apex-beat is found near the right nipple, as it often is in large left-sided effusions, the great veins at its base are much bent, sometimes at nearly a right angle, and the current of blood much impeded. If they are so bent for a long time, clots of blood may form in them, which if dislodged from their position, as they may be by a sudden strain or by the heart too suddenly regaining its old position when the fluid is too rapidly removed, pass into the heart as emboli, and in that case are apt to cause instant death if they are large, or if life is preserved may inflict any of the injuries which are now known to be due to emboli. Besides the danger from thrombosis and embol-

ism, a patient with a large effusion, particularly one on the left side, is always in danger of sudden death from other causes not all understood : probably sometimes from sudden stopping of the heart's action when any strain is put upon it. Moreover, the longer an effusion remains the more difficult absorption becomes ; or the parts may become so accustomed to their condition that little or no change takes place, and everything remains *in statu quo*. Another very considerable danger from too long continuance is empyema : in addition to the fibrin in the fluid there is a greater or less number of wandering cells—white blood corpuscles ; in time more and more of them are poured out into the pleural cavity until in time the fluid becomes purulent. After this has taken place the danger to the patient is very much greater, and the difficulty of treatment far greater than in simple pleurisy with serous effusion. In the case of a patient with a tubercular family history, consumption or acute tuberculosis is only too likely to follow pleurisy, and indeed it may be considered that all cases are more or less exposed to this danger ; and the sooner the fluid is gone and the parts restored as nearly as possible to a normal condition, the less risk there is of this sequel. Finally, leaving all of these dangers out of consideration, when there is a very slow absorption of a pleuritic effusion the patient suffers for months or years with anaemia, debility, dyspnœa partly from having a smaller breathing surface, incapacity to work, various aches and pains, and in fact, so far as most useful purposes are concerned, loses just so much time out of his life ; and to shorten the duration of this state of things is certainly to do him a very great service.

The question "How shall the pleural cavity be emptied of its fluid contents?" has been answered in several different ways, and some of the older answers are now thought by some to be no solutions at all. Hydragogue and the milder cathartics often bring about like magic the absorption of ascitic fluid ; but as has been said above the conditions in the chest are very different, and it is illogical and contrary to experience to expect similar results in the two places. Probably very many of the cases in which purgatives and similar drugs have been supposed to bring about rapid absorption of pleuritic fluid were those in which the process would have gone on nearly or quite as quickly without their use. Furthermore, purgatives, unless very mild ones, do positive harm by diminishing the strength of the patient, of which he often has lit-

tle to spare, and unless they do sufficient good to more than counterbalance their damage they should not be used. Diuretics, as a rule, only serve to amuse the patient while nature effects the cure, or while the case remains as it was before. Diaphoretics, as jaborandi, the hot air bath, etc., are open to the same charge as cathartics of weakening the patient, while they fail in the very cases where their desired action is most needed. Blisters have great favor in the eyes of some, and often have an excellent effect on the minds of the laity, who suppose that the fluid of the blistered surface is directly drawn from that in the chest; but they are dirty, uncomfortable, interfere very much with physical examination, and probably do little or no good so far as stimulating absorption is concerned. I saw not long ago an unfortunate patient who had had two blisters nine by twelve inches applied, one on each side of his chest, and who could not lie down without resting directly on a blistered surface. Fortunately such practice as this is becoming more and more uncommon. The probabilities are that large blisters directly retard the convalescence of the patient in these cases, and are no more productive of good than the tortures of the Inquisition. Tincture of iodine is largely used to cover the skin, and serves also the purpose of covering ignorance. A very common working rule seems to be "when you don't know what the disease is, or don't know what else to do, paint on tincture of iodine." While it has its uses, applied externally, it is very little, if it is anything more than a very feeble counter-irritant, and its best recommendation is that it can hardly do harm.

In cases where absorption is going on with fair rapidity, the drugs and external applications spoken of above are hardly needed; while in cases where it is going on too slowly, or in which there is urgent need of reducing the amount of fluid, they are of little or no use; and, in some cases, puttering with such means when a more efficient one is urgently demanded, is evidence of almost criminal incapacity or laziness. When our patients put their lives in our charge, they have a right to the use of the best methods known to help them that it is in the power of their physician to employ.

Under what circumstances is aspiration beneficial in pleurisy? In the first place, when the amount of effusion is very large, causing flatness on percussion nearly to the clavicle, or over the whole front of the chest, it is indicated; and the necessity of its use is

greater in proportion as the patient is suffering from dyspnœa, semi-suffocative attacks, weak action of the heart, or excessive general loss of strength. In some of these cases of great distension, the necessity of removing some of the fluid is so urgent that quite a number of cases have been reported that, having been seen in one day or evening and aspiration having been determined on for the following day, have died in the intervening night. In these cases, absorption seems to be held in abeyance by the powers of the pleural sac being paralyzed by the great pressure of the fluid on it. A portion of the fluid having been removed, sometimes even a very small amount, it is often astonishing to see how rapidly the remainder is absorbed, though no such process was taking place before. In the second place, aspiration is indicated in cases in which, be the amount of the fluid large or small, it has not for some time diminished in quantity. Frequently, toward the end of the process of absorption, the fluid becomes so thickened by the continual removal of its more liquid constituents, that absorption comes to a standstill. In these cases too, as in the foregoing, nature seems only to need to be started; just as when a stone that has been stopped while rolling down hill may need only a slight push to send it flying to the bottom of the hill. It is impossible to say just how long after the occurrence of pleural effusion we should wait for absorption to begin before we should use the aspirator; but it should certainly be used as soon as, no progress being made, the patient's strength begins to seriously fail, or as soon as he begins to suffer from any of the symptoms above enumerated as due to the presence of fluid. For my part, I should propose aspiration as soon as I was sure that no progress was making or likely to be made for some time, even if there were no alarming symptoms, and I should expect by so doing to save my patient many weeks or months of slow convalescence. Finally, it is generally well to aspirate in that class of more or less feeble patients, who have been "ailing" for some time, and in whose chests on physical examination, one finds fluid, the result of chronic pleurisy, that has been there one knows not how long. It is surprising to see how quickly these patients will recover strength and health after a part of the liquid is removed; not all the iron in the drug store will bring the red color so soon into their lips and cheeks as setting their chests to rights. I have had more than one patient come to me with evident general debility,

not having a suspicion themselves that anything was wrong with their chests, and with not many symptoms calling attention directly to that part, but in whom an examination showed that one pleural cavity was nearly as full of effused fluid as it could hold. In these the safest and most rapidly successful treatment is aspiration.

In performing this little operation it is of the highest importance to attend carefully to each one of its details, and, among other things, to assume that everything about the instrument is out of order until you have practically demonstrated that it works as you wish to have it To see that everything is right before one begins is easy: but to have to correct an error after the aspiration has begun is often very annoying and exasperating, and sometimes dangerous or fatal to the patient. I have known of more than one case in which the operator, instead of removing fluid, has injected air in considerable quantity into the patient—in one case with fatal results—all because he did not test the action of the instrument beforehand. To begin with, take it for granted that the piston has dried up and is loose, as is often the case; if so, it is easily remedied by hot water and oil. Then, after putting the instrument together, turn the stop-cocks in the proper way and exhaust the air from the bottle and let it stand a short time, while the patient is getting ready; if the vacuum remains perfect, it shows that the important joints and connections are air-tight. See that the instrument will work properly by putting the needle in a glass of water, turning on the stop-cocks and seeing whether the water runs freely into the bottle, and that air does not bubble up into the water. Immediately before using, dip the needle into boiling water for a while to disinfect it, having seen before that it is scrupulously clean. Last of all, dip the needle into carbolic oil, be sure that there is a vacuum in the bottle, and all is ready to begin. Some of these precautions may seem trivial, but it is to those who do not observe them that annoying delays and accidents occur during the operation.

As a rule, it is better to have the patient in a sitting posture, and to have the chest warmly covered, except near the place where the puncture is to be made. He should sit in an easy attitude that he can retain as long as the operation lasts; as any considerable motion might break off the needle by changing the relative positions of the muscles, ribs, and scapula. It is unnecessary to make any cut in the skin with a knife before inserting the

needle; this is sometimes done in order to prevent the end of the needle becoming plugged by a little circular piece of skin which might become lodged in it while passing through that structure, but the danger thus guarded against is a theoretical one; while in one of my cases, the husband became so excited and alarmed by the sight of the knife and the small preliminary nick in the skin that he almost succeeded in preventing the remainder of the operation from being performed. It is better to use too large a needle than too small; if there is any reason to think that the fluid is thick and viscid, or contains flocculi of fibrin, a large needle should certainly be selected; while in some situations a small one is safer, in aspirating the chest there is no additional danger whatever in using a large one. There are several places in which the needle may be inserted. I have generally done it just below the lower angle of the scapula in the seventh or eighth intercostal space. Some select the fifth intercostal space at the side, between the axillary lines; it is convenient in finding this space to remember that a line drawn horizontally from the nipple generally crosses the fifth intercostal space in the axillary line. The direction is usually given to keep the needle near the upper margin of the lower rib, to avoid wounding the upper branch of the intercostal artery, which runs in the groove on the lower border of the rib; but this artery is very well protected by the rib, and apparently it would require considerably more ingenuity to injure it with an aspirating needle than to avoid doing so. Frequently, when the tissues are swollen and the ribs are close together, the problem is how to get the needle between the ribs at all, rather than just what part of the space to select. It is not well to be wedded to any particular intercostal space, but one should remember that if the needle is inserted too high that the lung may be wounded—if it is, it is generally a harmless occurrence—or that, as the fluid is removed and the lung descends it will press on the needle and put a stop to the aspiration from that place. If the needle is put in too low, the diaphragm may be wounded where it arches up in the center of the chest if the effusion is small; or, if it is large and the diaphragm has sunk out of the way, as it rises as the load of fluid is removed from it, it presses against the needle as the lung did from above, and prevents any more fluid from coming out. One easily recognizes the feeling of the lung pressing down, or the diaphragm pressing up on the needle, and to a great extent

can avoid them by altering the direction of the needle, without removing it from the puncture. After the needle is inserted and felt to move freely in a cavity, the stop-cock should be turned and the fluid be allowed to run into the exhausted receiver. If, as sometimes happens, no fluid appear, or only a few drops, the needle may be pushed in one or two inches, or withdrawn till its point is only just within the chest, or its tip pressed upward or downward, or to either side, or it may be rotated a little, or the syringe may be worked to increase the vacuum in the bottle. Some one of these expedients rarely fails to set the fluid running; however, if all should fail, the needle should be removed from the chest, a piece of adhesive plaster placed over the puncture, and the needle, or larger one, inserted in a new place. If one is certain of the presence of fluid in the chest, and that the case is fit for aspiration, he should rarely or never fail in removing some of it. The possible reasons why it does not run, are : The needle may be pushed in so far that its point is closed by pressure on something deep in the cavity, or even on the opposite wall; it may not have been pushed in far enough to reach the fluid; it may have detached from the chest wall, and pushed in front of itself, a layer of fibrin; it may be pressed against the lung above, or the diaphragm below; it may be plugged with a small clot in the fluid; or, rarely, the contents of the chest may have become semi-solidified or too viscid to run through the needle. To complete the list with some causes of failure that ought not to occur, but have repeatedly occurred in the hands of careless operators: the vacuum in the receiver may have been lost by leakage of air by the side of a loosely-fitted cap or stopper; the vacuum may not have been made at all; the tube or needle of the instrument may have been plugged by some substance before the needle was inserted, as by the instrument not having been properly cleaned after the last time it was used ; the stop-cock may be turned the wrong way; or, finally, the action of the syringe may have been reversed, as in one case I knew of, and air pumped into the patient's chest, instead of fluid withdrawn. As the aspiration goes on, one should not be in too much of a hurry to have the fluid flow rapidly; as the slower it flows the more can be removed before the patient shows any sign of distress, as the lungs and chest can better adapt themselves to their changed positions when the change takes place slowly. An important detail is to be always

sure to turn off the stop-cock on the tube leading to the chest each time that the receiver is detached to empty it, as otherwise air might be drawn through it into the chest during the patient's acts of inspiration.

A question that has to be decided for itself in each case is how much fluid to withdraw, or in other words, when to stop. This can be answered only relatively, not absolutely. The actual amount may vary according to the circumstances of the case from an ounce or two to a gallon and a half at one sitting. A safe rule is always to stop as soon as the patient begins to complain of a feeling of tightness or tension, or as soon as a short paroxysmal cough begins, both symptoms being caused by the expansion of the shrunken lung. The lung will expand to a certain extent, with no sensation beyond a feeling of relief; but as soon as it has passed a certain point a feeling of distress begins. In the case of very large effusions, large enough to depress the diaphragm, a very considerable amount of fluid—several pints—may be removed before the lung begins to expand at all. If the aspiration be stopped at the first intimation of coughing or distress the patient as a rule will not experience the slightest inconvenience from the operation; but sometimes he will cough and feel uncomfortable about the chest for a few minutes afterwards, as air makes gradually its way into the long-closed air-cells. One must not be deceived or made to stop by a cough perhaps caused by the presence of the needle irritating the tissues, by nervousness, or the ordinary pleuritic cough, which is like what the patient has been having during his sickness. To distinguish these coughs from the one caused by expansion of the lung, close for a short time the stopcock, stopping the flow, and if the cough does not continue, or has not the short, paroxysmal character spoken of above, one may safely proceed. One should also stop if the patient feels faint, and give a little whiskey or other stimulant; if the faintness increases the needle must be removed and the patient allowed to lie down. If there was a large left-sided effusion, and the heart was displaced to the right, during the progress of the removal of the fluid it will return to the left side; and one must be sure that the sharp point of the needle is not in such a place that the heart will impinge against it during its return. It is very interesting to observe with the stethoscope or hand the apex beat, at first perhaps near the right nipple, gradually move towards the left, dis-

appear behind the sternum, and finally reappear on the left side of the bone. When the aspiration is finished a piece of adhesive plaster should be instantly placed over the puncture as the needle is withdrawn, and the patient should lie down for a few hours or till the next day. The instrument should be cleaned immediately, or the fluid may coagulate within it and be difficult to remove. If the remainder of the fluid be large, or be not soon enough absorbed, the operation may be repeated in a week or so, often very materially hastening the progress of recovery. Sometimes in old cases, where a small amount of fluid has remained for a long time without perceptible diminution, only a very small amount, perhaps an ounce or two, can be withdrawn; but the removal even of this small amount often starts up absorption by altering the relations of the parts, etc., and recovery goes on rapidly. In these cases all that Nature needs is to be started, and the rest is easily accomplished.

The principal physical signs of the presence of fluid in the pleural cavity are well known—flatness on percussion, absence of voice, absence of respiration over the fluid. Certain physical signs are however given in most text-books, even those of most recent date, which never had existence except in the imagination of the author. A writer sits at his table detailing the symptoms and signs of a certain disease, and in addition to those he has really observed he writes down others which he reasons must be present; *a priori* signs, deduced from the known conditions, but which he has never observed. One reasons: "The upper surface of liquids contained in an open vessel is level;" and therefore writes: "the upper surface of a pleuritic effusion is horizontal unless the lung is restrained by adhesions, and the line of flatness on percussion is horizontal, and changes according to the position of the body." Subsequent authors reason the same way, and have moreover the authority of their predecessor to uphold them. But as a matter of fact the line of flatness is not horizontal, unless the effusion is a very large one, reaching to the second or third rib, but is highest in the axilla, thence sloping gradually towards the sternum, and descending by a letter S curve towards the spine. The intercostal spaces do not bulge, unless in very large effusions, and even then the appearances observed are often due more to a general œdema of the tissues of the chest-wall. In some cases, especially in children, but sometimes in adults, the voice and

respiration can be heard over the whole area of a large effusion. Such a case is at first perplexing, but a very valuable help to diagnosis is the very great resistance felt by the percussed finger. If only a pleximeter is used this sign is not observed. This sense of extreme resistance is very characteristic of the presence of fluid. In such cases also the peculiar line developed by percussion as the boundary between flatness and resonance is almost, if not quite, pathognomonic of the presence of fluid in the pleural cavity. Friction murmurs are frequently absent until the volume of fluid is considerably reduced. On inspection and palpation the affected side is seen and felt to be motionless, or to move much less than the healthy one. As has often been stated, chronic pleurisy, even when the effusion fills one side, may not rarely be completely over looked unless physical means of exploration be used, as sometimes a patient may not complain of cough, and the dyspnœa may be attributed to the often great anaemia that coexists.

Of the cases briefly detailed below the first one is introduced to show what may be the course of a case that needed aspiration, but in which it was not performed. She practically lost two years of her life, being a useless invalid for that space of time, which I think would have been reduced to a few weeks had the fluid been removed.

1. Female. Age 36. Acute pleurisy in November, 1880. Right side. Effusion about to top of fourth rib. No aspiration. At the end of two years there were still signs of a small amount of fluid at base of chest, though some months later it was apparently gone. Had quite a little pain for several months after date of attack, and was unable to do any work for two years.

2. Female. Age 26. Chronic pleurisy right side. When first seen had been sick several weeks, and at date of visit was vomiting frequently and had profuse and exhausting diarrhea. Emaciated and very weak. The next day, July 31, 1881, 3 pints fluid aspirated. In one week was up doing housework, and convalescence was complete and rapid.

3. Male. Age 25. Chronic pleurisy left side. The effusion had been greater, but had remained in *statu quo* for several weeks, patient losing strength and flesh and looking very poorly. Fluid about to lower edge of fourth rib. One and one half pints removed March 3, 1882, after which patient's appetite returned; in 5 days was much improved and in good spirits. Rapid and complete recovery.

4. Male. Age 27. Acute pleurisy on left side one month before seen. Fluid nearly to clavicle, and apex beat near right nipple. Two and two-thirds pints aspirated April 12, 1882, and 1½ pints April 18th. First aspiration interrupted by occurrence of cough. Immediate relief from first aspiration and great relief after second. Had been in bed 5 weeks, constantly growing worse. Up and about house next day after second aspiration. May 13, 1882, still 2 inches of fluid in chest, but has gone to work, and has been able to work ever since. No signs of fluid two months later, when he called at my office.

5. Male. Age 19. Chronic pleurisy left side to clavicle; duration of disease unknown—at least several weeks. May 17, 1883, aspirated 4 pints. Apex beat was near right nipple, but after fluid was removed was heard on left side, but still to right of normal place. May 21, 1883, considerable fluid had been absorbed since aspiration, and patient was gaining strength and was at work shortly afterwards, as I heard.

6. Male. Age 23. Chronic pleurisy left side, full to clavicle; apex beat near right nipple. Patient had great dyspnoea and frequent slight suffocative attacks; "couldn't get his breath." Very anaemic, but was up and about the house and garden. July 11, 1882, 5 pints withdrawn, which caused no discomfort, and physical signs very little different after fluid was withdrawn from what they were before, but less dyspnoea. July 19, 1882, one gallon aspirated—13 pints in all. No discomfort or coughing after second aspiration. In each operation I stopped merely because I felt I had withdrawn enough, and did not wish to incur any risks. Convalescence occupied some weeks, but was complete in the end, and patient is now strong and healthy, and has been so for many months. It was the opinion of the physician who called me in consultation, and of myself, that the patient would have died before long had not relief been afforded by aspiration.

7. Female. Age 18. Chronic pleurisy left side; full to clavicle; apex beat near right nipple. Supposed to have consumption by former attendant physician (an irregular) and friends. Presence of voice and respiratory sounds on auscultation all over fluid. Duration of disease uncertain. Patient weak, anaemic, and emaciated, but up and about house. August 8, 1882, 4 pints removed by aspiration. August 22, 1 pint removed. Patient not seen again for five months, when recovery was complete. Improve-

ment began immediately after operation, and was continuous, and, considering her wretched condition, fairly rapid.

8. Male. Age 28. Small amount of fluid at base of right chest, remaining from a former pleurisy about six months before. Pain over location of fluid and cough. Appetite poor and patient not strong, though doing light work. August 14, 1882, 1½ ounces of fluid aspirated. There was great resistance to entrance of needle. Pain was relieved, appetite and strength regained, and patient reported to be well three weeks afterwards.

9. Female. Age 36. Chronic pleurisy on left side to clavicle, of uncertain duration. March 25, 1883, 5 pints fluid aspirated, which coagulated almost immediately on withdrawal. Patientwas in a miserable condition, and slowly failing. Immediate relief after operation, and no fluid detected in chest April 14, 1882. Complete recovery.

10. Male. Age 19. Chronic pleurisy ; duration uncertain ; fluid to lower angle of scapula. Family history of phthisis. Patient emaciated, anaemic, without appetite, with frequent annoying cough. January 31, 1883, half a pint removed with partial relief. No more could be made to flow. February 24, 1883, another half pint aspirated, with much relief ; could draw longer breath. When next seen, two months afterwards, fluid was absent and lungs were healthy; patient strong and at work. In this case, if the fluid had been allowed to remain, phthisis would probably have soon supervened. As it is, he is now well.

11. Female. Age 44. Disease, chronic parenchymatous nephritis. Suffered greatly from dyspnoea, due largely to double hydrothorax. Both sides were aspirated several times, removing from one to three pints from each side. Each time there was great temporary relief from distressing dyspnoea. The patient cared little for the slight pain of the operation, as she experienced so much relief and was enabled to sleep. Life was undoubtedly considerably prolonged.

Many cases occur in the practice of nearly every physician, in which aspiration of the chest would be of the greatest benefit ; and there is no doubt that it should be performed far oftener than it is. It is safe ; no great skill is required ; accidents need not happen if reasonable care is taken ; it is frequently needed, and much sickness, suffering, and even death may be averted if every physician were able to determine when it is needed, or is advisable, and would act on his knowledge by performing it promptly, if allowed, whenever he judges he ought to do so.

COMPLICATIONS IN LABOR.

By F. N. Braman, M.D., New London, Conn.

The immortal Harvey, by the bequest of his homestead, caused to be perpetuated a sentiment which should be cherished by every lover of the healing art: "Exhort your fellows to search out and study the secrets of nature by way of experiment, and also for the honor of the profession to continue mutual love and affection among themselves." Trusting that this advice is as binding upon the Fellows of our own Society, as upon the Fellows of Harvey's favorite college, I present the following cases:

During the morning of January 20, 1881, I received a message from Mrs. G., a lady residing about five miles from New London, requesting my presence at her accouchement, which she thought was near at hand. I found that she had fallen in labor; the pains were irregular, but quite severe. On attempting to make an examination I found the funis prolapsed and pulseless. I inquired how long she had been in this condition, and received the following history of the case: She arose at 6 o'clock A. M. to prepare the morning meal; while in the performance of this and other duties about the house, she had from time to time considerable uneasiness and slight pain; being at full term she concluded that she was about to be sick. While in the act of making her bed in anticipation of the event, there came without premonition a very severe pain, the membranes ruptured, and liquor amnii passed from her in a flood, floating the funis into the world and leaving it depending from her as she leaned upon the side of the bed. This was a new experience, though it was her eleventh pregnancy. Continuing my examination, I found the occiput presenting with the posterior or bregmatic fontanel pressing hard against the arch of the pubis; the os was not fully dilated, but dilatable. From this time the pains continued with more regularity and increasing force until 2 P. M., when her pulse began to

flatten, and her nervous system became unsteady. I concluded the best course for me to pursue was to deliver with forceps as speedily as possible; they were applied without difficulty. I made traction, but was unable to deliver or change the position of the head. After two or three unsuccessful attempts with forceps I abandoned the idea for the present, and determined if possible to give my patient rest, and in the interim send for my full set of instruments, anaesthetics, and counsel. The experience of the past four hours had convinced me that this was no ordinary case to deal with, and that my patient would require all the strength she possessed to carry her through delivery. A full dose of Tully's powder was administered, which acted kindly and gave her about two hours sleep, interrupted of course, by the recurrence of pain. At the end of that time the messenger returned with my esteemed friend, Dr. I. G. Porter, but in his haste had forgotten the anaesthetics. At my request Dr. Porter made a thorough examination of the case, at the conclusion of which he advised the reapplication of forceps, suggesting that additional traction might be able to bring down the head. I acted upon this suggestion, but was again thwarted, and became thoroughly convinced that it required a more skillful hand than mine to accomplish delivery with forceps. I invited Dr. Porter to give the patient the benefit of his experience and skill, which he kindly consented to do, but after a most faithful trial was also baffled. Believing that the use of forceps was impracticable, and in consideration of the fact that the child was dead, he advised the perforation of the cranium, which was done, and after applying a powerful pair of craniotomy forceps, again made traction on the head, but with no better result. The manipulations thus far had produced no permanent change in the position of the head. The pains continued, and the uterine contractions seemed to possess a good degree of expulsive force, but the pulse indicated a rapid failure of strength, although she had taken nourishment and stimulants quite freely. Her condition was such that we deemed further effort at delivery by traction upon the head unwarranted and determined to deliver if possible by version, which process craniotomy had made more feasible. I introduced my hand into the vagina, and as I passed my fingers over and in front of the left shoulder they encountered a well marked constriction in the walls of the uterus, which increased as I carried my hand higher up,

until it seemed like a cord drawn around the body of the child at the elbows and securely fastened. After a long continued effort, however, I succeeded in carrying my hand above it and with some difficulty grasped the feet and brought them below the contraction; it required so much strength to hold them in this position that I determined to place a fillet around them so that an assistant could prevent their receding; this being accomplished, Dr. Porter took it in charge, and while he made steady traction upon the feet by means of the cord, I partially withdrew my hand, grasped the head, and pressed firmly backward and upward. By this conjoined manipulation the contraction gradually gave way, and we were rewarded for our persistent efforts by the birth of a very large male child. Hour-glass contractions continued after the birth of the child, so that it was necessary to introduce the hand, overcome them, and remove the placenta.

Notwithstanding the length and severity of the labor, she made complete and rapid recovery.

At 7.30 A. M., May 12, 1881, I was called by Dr. I. G. Porter, in council with Drs. R. A. Manwaring and C. W. Carleton, in the case of a primipara twenty-eight years of age; she was then forty-eight hours in labor; during the night the case gradually assumed an unfavorable aspect, for as the pains increased in strength, the pulse weakened and increased in frequency, while at the same time there was no advancement of the presenting parts. She had taken nourishment, her bowels had moved, and had urinated several times, but had had little if any sleep since labor commenced; and although the cause of the delay was undetermined, it was deemed advisable, if possible, to give her the benefit of rest. With that end in view, one-half grain sulph. morphia was given, to be followed every hour with one-eighth of a grain, until the desired object was accomplished.

At 4 P. M., when the council met the second time, there were indications of improvement; the os was dilatable, with each pain the occiput seemed engaging in the superior strait, and the patient appeared somewhat refreshed, having received three hours sleep. It was decided that Dr. Carleton should remain and relieve Dr. Porter from time to time, as he was becoming very much fatigued with the continuance of the case, and if occasion required, the other members of the council were to be called at any time during the night.

At 2 A. M., of the 13th, Dr. J. G. Stanton and myself were called, and learned that from the time of our last meeting there had been but little change until midnight, when she again began to show signs of nervous irritability and exhaustion, for which bromide of potassa was administered. Dr. Porter made an examination and found that the membranes had ruptured, but that there had been no advancement of the head, and remarked to Dr. Carleton, "We must apply forceps and deliver at once or try and discover the cause of the delay, for the suffering of the past eight hours has accomplished nothing." Ether was at once administered and the forceps applied, but traction and additional traction not only failed in delivering the child, but in changing the position of the head. Version was next in order, and by Dr. Porter's request, Dr. Carleton manipulated; as he carried his fingers over the shoulder of the child, he encountered a circular contraction around its body which seemed like bone, as he expressed it, so hard and unyielding was the band; the funis was pulseless. With great difficulty he succeeded in overcoming the constriction, securing the feet and accomplishing version, delivering the extremities and body of the child but the head remained at the superior strait. This was the condition of the case when Dr. Stanton and myself arrived. Having had success in delivering the after coming head in several difficult cases by a process novel to myself, at least, suggested the same to be tried in this case, which consisted in making traction from the shoulders and anterior rotation of the body by means of a fillet or tunic in connection with external pressure on the head; this plan was adopted. Dr. Porter made traction and rotation upon the body thus secured, Dr. Carleton depressed the lower jaw, while at the same time, with both hands, externally, I made firm down and backward pressure upon the head; with the united effort thus put forth, the head moved readily along the pelvic course; in fact with so much ease that it was delivered almost with a bound. In all probability the retention of the head was due to the contraction of the sacro-pubic diameter by the unusual development and projection forward of the sacro-lumbar articulations. The adherent placenta was removed and the patient made comfortable in bed; the usual remedies to prevent hemorrhage were given, and morphia was administered for the double purpose of quieting the excited nervous system and warding off if possible, peritoneal inflammation, which we had reason

to fear. Nourishment and stimulants were given as often as was deemed prudent, but with all our exertions, she did not rally; peritonitis eventually set in, and she died at 3 P. M., May 14th.

Adding to the record compiled by Dr. Thomas C. Smith* of Washington, D. C., I find that there are thirty-six well authenticated cases now on record, including the case of Geo. M. Haynes, M.D., of Durand, Ill., and the two which I have just given; of this number nine mothers and twenty-eight children were lost. This record is sufficient to give us a just comprehension of the gravity of the complication. In twenty-six cases, some portion of the head presented; with this presentation, the natural inference would be that delivery with forceps was the most feasible, but the record shows that with one exception, forceps failed. The same is true with the blunt hook, etc. I believe version affords the most sure and safe means of delivery in cephalic presentations, especially if we avail ourselves of the benefit of conjoined manipulations. In my first case of version I felt a strong desire to place both hands in the pelvic cavity, so that I could make downward traction on the feet with one hand, and upward pressure on the head with the other. Of course that desire was not gratified, but ripened into the following process, which has proved very satisfactory in my own hands, and if faithfully followed will prove, I trust, useful to all who adopt it. It consists in placing a cord or tape around the child's feet and securing them by a clove hitch; the cord may be any length you choose, but it is always safe to have it long enough to be controlled by an assistant. This fillet is substantially a lengthening of the lower extremities of the child. I believe, in difficult cases, traction upon the cord thus applied, and pressure at the same time upward upon the head, with the hand in the pelvic cavity, is more scientific and safe than to make traction upon the feet alone. After the extremities and body of the child have been delivered, whether it be a case of version or ordinary foot or breech presentation, we may meet with considerable difficulty in delivering the after coming head. In such cases, the fillet or obstetric tunic is of invaluable service; traction and rotation, whether anterior or posterior, should be made from the shoulders. The body of a new born child is always a very slippery and unsatisfactory thing to handle, saying

* American Journal of Obstetrics, Vol. 15, No. 2, page 294; Vol. 15, No. 3, page 696.

nothing of making traction upon it. The fillet, properly applied, gives greater freedom of motion, and the body and extremities of the child thus secured, may be trusted to an assistant, while the physician, with one hand in the vagina, may depress or make traction on the maxillary bones, at the same time make pressure externally upon the head with the other hand, thus facilitating delivery. The manner of applying the fillet is very important, and is as follows: place the tape back of the neck, carry both ends in front of the shoulders under the arms, cross in the center of the back, then forward and cross front of the hips, back and cross the thighs, forward and cross in front of knees, back and cross the center of calves, forward around the ankles and between the feet. Thus secured, the body may be manipulated at will, but all traction will be from the shoulders as the teachings of science direct.

In my own case I was not looking for such a complication; I had never heard of one like it. I thought at the time, chloroform might have been of service, but from the study of cases that have since been collected together, am compelled to believe that it has but little if any effect upon the tonic contraction of the transverse fibers of the uterus, which, in all probability, are the ones involved in this complication. Anodynes and nervines are of service in controlling the irritated nervous condition of the patient, but in relaxing hour-glass contractions have proved inert.

The etiology of ante-partum hour-glass contractions of the uterus is yet to be written; the rarity of the complication accounts in some degree for its meager history, yet every year adds to its record. The obligation resting upon every practitioner of medicine is plain; he owes it to the profession and public that the minute details of every case be noted; there is at the present time no recognized authority in this emergency, no favored method of procedure to overcome this obstruction. The recorded cases which have occurred in the practice of the specialist have been just as unsatisfactory in their termination as those of the general practitioner.

ESSAY.

INEBRIATE AUTOMATISM.—A MEDICO-LEGAL STUDY.

By T. D. Crothers, M.D., Superintendent of Walnut Lodge, Hartford, Conn.

By this term I mean a condition of mind seen in inebriates, in which they are totally oblivious to all the surroundings, and have no consciousness of the nature and character of their acts, and yet give no special symptoms that indicate this condition.

It has been termed, the trance state in inebriety; inebriate insanity; inebriate unconsciousness.

The most prominent mental phase is a total blank of memory, coming on suddenly and after an uncertain interval of time, lasting from a few moments to many days, and vanishing like a cloud.

In this interval the patient may act rationally or otherwise, but yet appears to realize all that is about him.

Similar conditions have been described by various authors, particularly where it was associated with epilepsy.

But that this state was distinct from epilepsy, and due to inebriety as a special, sole cause, is a new fact, which I described for the *first time* in a paper read before the American Association for the Cure of Inebriates, in May, 1879, entitled "Cerebral Trance; or, Loss of Consciousness and Memory in Inebriety."

Soon after, the late Dr. Beard of New York took up this subject and reported many striking cases, and discussed their pathology.

These two papers attracted no attention in this country, but in England Dr. Carpenter and Hulings Jackson wrote on cerebral automatism in which this condition was fully recognized, and many older writers were quoted as having mentioned similar conditions, although not having traced them to inebriety.

Dr. Beard's papers and lectures on the trance state in disease explained the phenomena of this state more clearly than anything which has been written before.

In 1881 the Psychological Section of the International Medical Congress took up this subject and discussed some of its medico-legal bearings.

The same year I presented a paper before the New York Medico-Legal Society, entitled "The Trance State in Inebriety, its Medico-Legal Relations," which was published in a pamphlet form with an introduction by Dr. Beard.

This paper has attracted much attention among specialists, both in Europe and this country, and many distinguished physicians have already begun studies in this direction.

I propose to give a general outline of this new field of psychological research, which so far promises to revolutionize the present medico-legal relations of inebriates.

The following facts are fully sustained by clinical evidence and observation:

1st. The automatic or trance state in inebriety is more or less common, and is a mental condition in which all consciousness and recollection of recent events are obliterated, and accompanied with no marked symptoms of this state.

2d. This state indicates profound disturbance of the higher brain centers, and is of necessity followed by impaired judgment and lessened responsibility.

3d. This mental condition is always found associated with a particular neurotic condition, either induced by alcohol, or existing before alcohol was used.

4th. In chronic states of inebriety it is always present in some form or other.

In general terms the pathology of this condition, according to the late Dr. Beard and others, is the arrest of certain brain functions, or the cutting off of nervous activity in one direction and concentrating it in another. Or, cerebral exhaustion, and a lowering of consciousness below the plane of rememberability.

In these cases the late Dr. Beard thought that consciousness exists, but of such a degree that memory does not record it. In other words, the man at the time is conscious of his acts, but memory makes no record of them; hence they are blanks which can never be recalled. A case of a somnambulist mentioned by

the late Dr. Forbes Winslow, is a good illustration: One night this person, while walking in his sleep, found his night dress on fire. With excellent judgment and coolness he threw himself on the bed and extinguished the flames, resumed his walk, and next morning awoke in great wonderment at the appearance of his charred dress. He had no recollection or memory of this event. This was apparently consciousness that was unrememberable. Memory is cut off, and the person is an automaton, acting from unknown motives and impulses.

In the few published cases which have been studied, two conditions have been noted: One, in which persons in this condition pursued a certain accustomed line of thought and action. The other, in which unusual ranges of thought and action, and criminal impulses were prominent. These states can be more clearly illustrated by a brief study of cases, than otherwise.

The first state, where familiar lines of thought and action were followed, is illustrated in the following, recorded by the late Dr. Beard: A physician of eminence, who was a periodical inebriate, after a certain period of drinking, lost all memory and recollection of events and surroundings. From a few hours to several days he would go about his usual work, then wake up, and this past would be a perfect blank, which was never recalled. He gave no evidence to his friends of an unusual condition; to his wife, who watched him narrowly, he seemed more abstract and heavy; did not read or talk about anything outside of his professional work. He attended patients; wrote good prescriptions; and yet, could not recall anything when this blank was over. These blanks have been growing longer and more frequent during the last two years, and are now more noted by his evident anxiety to collect bills, and settle with his patients. He seems to have a strong impulse to adjust accounts with every one; pays bills, gives receipts, and collects money; and yet, never can recall or remember any of these events. While he acts automatically, there is apparent concentration of increased nerve force in the line of business, to settle and adjust accounts.

Dr. Wright of Bellefontaine, Ohio, mentions a case of a clergyman who was accustomed to use spirits before going into the pulpit, and at home in the morning. On many occasions he had no recollection from the time the spirits took effect until next morning, twenty-four hours later. In the meantime he had

preached twice, and conducted a Sunday-school. After a time his mental condition attracted some attention, from the fact that he preached the same sermon over, morning and evening, for two Sundays in succession, and also gave out the same hymn, over and over again. His reply to the inquiry, why he had done so, was, that it was eminently fit and appropriate. His chagrin, after, was very great, and he took pains to have two hymn books properly marked, and all other sermons put away, except the ones he was to use. His real condition was that of alcoholic trance, and not suspected. Nothing was noted but a certain abstractness of manner that was unusual.

Among the cases which I have studied is that of a bookkeeper, who has these blank states of memory, and goes on with his work the same as usual, hours after awaking, and realizing nothing of what has occurred in the meantime. He is a constant inebriate, using a certain amount of spirits every day; never intoxicated, or apparently different in his manner.

In another case, an engineer will attend to all the duties of his engine, and be utterly oblivious to everything about him. He will, apparently, realize all his surroundings and work; and yet, after, have no memory of it.

A prominent politician, while drinking steadily, and more or less to excess, made a tour from Saratoga Springs to Whitehall and back by the way of Lake George, making four speeches, meeting many persons, and appearing fully conscious; and yet, never could recall a single incident of this trip. He acted automatically, doing what he was accustomed to.

In another case, a railroad conductor suffered from these blanks, and during this time went on about his work as before, showing his usual judgment and coolness. His friends noticed a blank mental state when he was alone for a few moments, in which he looked out of the window in a dazed way; also, he made frequent notes during this time of passing events, not common when he was free from these states.

A number of similar cases have been published during the past year, in which this automatic trance state was present, and the patient went about, doing work that was familiar, but was never recorded by memory and the higher brain centers. I think these cases will be found very common among inebriates in all walks of life.

In the second class, in which persons in this state display acts and deeds which are unusual and criminal, the greatest medico-legal interest centers.

Many cases are reported in the criminal courts every day, of inebriates arrested for crime, who positively assert that they have no recollection of any of the circumstances before or after. From their own statements, all is a blank from some point before the crime was committed up to a point after, when arrested or in jail. This defence is not accepted as entitled to any credence, although the crime is without motive and unexplainable, and exceptional to the natural history of such criminal acts.

Some time ago I examined a case which is typical of a large class—a quiet farmer of very retiring disposition, who was never quarrelsome or vindictive, but had used cider brandy for years, until he was greatly enfeebled in both mind and body. One day he seized a wagon stake and killed a stranger who happened to be near. He was arrested, and claimed that he had no recollection of his acts from the time of drinking, an hour before the commission of the crime, to a point several hours later, in jail. In the trial the unusual and extraordinary nature of the crime, and his previous good character was considered, and he was sentenced for life. From a medical examination of his history, it appeared that for two years before he had complained of blanks of memory, and that he had on various occasions done unusual things, such as giving away property to persons who had no claim on his generosity; also, whipping his horses, and showing violence to animals on the farm. On all these occasions he seemed sober and in full possession of his mind, although he talked less, and moved in a mechanical abstract manner. He asserted that he could not recollect any of these events, and his after conduct confirmed this statement. From these and other facts, it was clear that he was thoroughly irresponsible for the crime committed, and was suffering from alcoholic trance at the time of the event.

An eminent judge of Philadelphia has lately published two similar cases, where drinking men, in apparent possession of their faculties, committed crime. One stole a horse and carriage, the other killed a stranger, without provocation or cause. The acts were unusual and without motive, and neither of them had any conception or memory of what they had done. The conclusion reached by the judge was that some unknown form of insanity

was present, differing from all other cases. These were alcoholic trance cases, or inebriate automatons.

A teller in a bank, who drank steadily, forged a note and put the money in his pocket. The next day he was amazed at the presence of the money, not knowing where it came from, and having no use for it. He had no recollection of the circumstances, or reason for the act.

An inebriate, who was always about the same in manner, never stupid or delirious, put fire to his buildings one day, and they burned down. He then offered a large reward to trace out the incendiary. When he was found to be the guilty one great was his amazement. There was no insurance and no motive, and no recollection whatever of any circumstances connected with the event.

In another case of recent occurrence, an inebriate, who had complained frequently of blank states of mind, and who loved his wife dearly, suddenly one day threw her violently down stairs, causing her death. He awoke in great amazement in jail, the next day, and when informed of what had occurred, was profoundly agitated. A few hours later acute mania appeared, which ran its course, leaving him a perfect wreck in mind.

These were clearly trance states, and in the latter case the shock of grief at what he had done permanently destroyed his reason.

Undoubtedly, there may be present a strong element of insanity associated with this trance state in crime; still, not distinct enough to be recognized by court or jury. Epilepsy may appear along this line, and be so mixed up with both insanity and inebriety as to make recognition still more difficult. The practical point to be observed is, that all such cases must be measured by the facts of their own personal history, thoroughly studied and justly understood.

The following case occurred in this vicinity, and is given more minutely, as illustrating this phase of the subject clearly:

—— was a manufacturer, forty-nine years old, who had used alcohol freely at meals for five years. His ancestors were inebriates, and he had began to use spirits from some supposed debility, until he was obliged to continue them every day. He was very affectionate and generous to his wife and family, and never betrayed any anger or displeasure at her conduct. Suddenly, after using more than usual of spirits, he became very passionate and offered violence to his wife; her tears roused him from his condition, and he was

greatly distressed at his conduct, which was unaccountable to him. He consulted physicians, and was treated for months for some brain malady. Then another blank of memory, in which he started the most slanderous stories about his wife staying at a hotel. His conduct was consistent with his stories, and his manner was in no way unusual. On recovery he was again chagrined and did not believe he had said what was represented to him by others. He would return from a long absence on business, and break up parlor furniture in a perfectly cool way, and in two hours after have no knowledge of what had taken place from a certain time. Sometimes he would affirm that he wished to punish his wife for some negligence; she would keep away from him at such times, and after an outburst of anger, in which he would sometimes break up the furniture, all would be quiet again, and the trance state would disappear as suddenly as it came on. The surprise and grief at what had taken place would alarm him, so he would abstain for a few weeks from alcohol. One day he assaulted his wife in the street, and walked into the police office, asking to be arrested for some crime. When he recovered he had no conception of any part of the event. These blanks, always attended by violence to his furniture or his wife, increased, and were not noticeable for any other unusual insane conduct, which he fully justified at the time, and always appeared cool and calculating. When friends called, during these periods, he would reason with great calmness, and be perfectly self-possessed, saying that his head was heavy and he was not well, but would be so next day. He went to Europe, and visited the hot springs with no benefit. Finally he went to an insane asylum, and relapsed there, injuring an attendant, but in a way and manner so perfectly cool and free from excitement that the superintendent thought it evidence of a sane mind, and doubted all his statements, discharging him as malicious. I advised him to go under the special care of a physician, and he is now free from these trances, and has taken no spirits for many months.

The general history of this case is exceedingly suggestive. The inebriety was followed by a distinct trance condition, with an unusual course of action, utterly at variance with his previous character and habits. The suspicion and violence grew into a dangerous impulse. This always followed after an excessive use of alcohol, and was not attended by any symptoms except the

delusion of wrong in his wife, and the desire to right them by violent measures. The passionate violence at these times was of short duration, and the blanks lasted from a few hours to two or more days. His appearance gave no hint of his unconscious condition, and his reasons for violent acts were in a measure sane. He would have committed a fatal assault had a favorable opportunity occurred, and only by the caution of his wife and friends was this avoided. Only a minute study of all the circumstances and history of the case would have indicated the mental instability which was present; and yet, he would have received the full measure of punishment in the hands of any court or jury without such study.

This case illustrates what in all probability takes place every day in this country, especially in the sudden purposeless crime committed by inebriates. These cases fill the newspapers, and astonish both courts and juries, who are puzzled to find a motive for the crime, or to attribute it to insanity as described by the text-books, or defined by experts. Sometimes these cases (where the suspicion of irresponsibility is present) are defended on some strained theory of insanity, whose obscurity confuses the courts, and is criticised and ridiculed by non-experts and lawyers. These cases are not studied intelligently, and the true theory of their condition is unknown. Two cases will illustrate the every-day's experience of courts all over the country. Some man, an inebriate, of low moral nature (which is always an evidence of defective brain organization), comes home, after excess from alcohol, not intoxicated, and in an altercation kills his wife, or some one who may be drawn into the circle accidentally. He is arrested and has no memory of the event, no study is made of his case, only a few facts of the crime come out prominent. If he has money the defence is technically unnatural, and of course fails; he is punished. The second case is one where previous good character, except excess in the use of spirits, is prominent. He commits a homicide or some strange crime, under circumstances that are inadequate to explain or account for it; denies all recollection of it afterward, and the defence must resort to some specious reasoning and theories, or work on the sympathies of the jury. The judge is indignant at what seems to him efforts to defeat justice, and charges strongly against the prisoner; conviction follows. His counsel are sure of some mental defect; and yet, they can not

make it clear to either court or jury. If the crime is of petty character the punishment precipitates him into incurable conditions, and the object of legal measures to prevent and check crime is defeated. The theological notions of the nature and character of inebriety, upon which legal decisions are based, are active causes in developing incurables of this class. One-third of the business of the courts in all our large cities consists of administering what is termed justice to inebriates, but what is literally means which make their recovery more and more impossible. Thus, crime following inebriety and inebriety itself are punished, with no effort to study the causes or reach down to understand the physical conditions present. The result is that both church and state, in their ignorant measures to check inebriety, are not only increasing its growth, but preparing the soil for its more rapid development.

Hundreds of cases may be selected from the records of courts and prisons equally as prominent as these I have presented, all conspicuous for crime committed after and during excess in the use of alcohol; all denying any recollection of the event; and all the circumstances of want of motive and purpose confirming their statements. Yet, in all these cases there has been no medical study to understand the mental condition which would develop into such acts. Assumptions of perfect sanity and capacity to reason clearly have governed the decisions in these cases. As long as the inebriate was not stupid or wildly delirious he is supposed to be fully cognizant of all his acts; it is considered a vice and punishable up to a certain line, and beyond that, a doubt might be entertained. This is the same spirit of superstition which punished witches and believed in demoniacal possessions, ignoring all physical causes, and is clearly outlined in the late charge of an eminent judge, as follows:

"Intoxication from excess of alcohol is no defence for crime, and cannot in any way lessen the measure of responsibility."

If inebriety is only a voluntary spiritual state, this is good law, probably, but if it is an involuntary physical condition, a reform is demanded in both theory and practice.

I pause at this point to arrange some of the conclusions which stand out prominently from the facts stated. The great obstacle apparent in the medico-legal recognition of this trance state is the confusion of opinion as to the disease of inebriety. It is a

remarkable fact, that notwithstanding the great advances made in the field of mental sciences, and the increasing prominence of inebriety in its effects in every community, the same opinions prevail to-day which were taught centuries ago. Insanity has emerged from the superstitions of religious teachers, but inebriety is still invested with murky theories of vice, sin, and punishment. All studies of its nature and causation have been made from the moral side alone. As a natural result the application of means and measures for the care and control of inebriety, based on such views, have utterly failed. Practically, no other result can be expected until the entire subject is studied from a scientific standpoint, above the dogmas of theologians and reformed inebriates. The world moves, and no measures for the benefit of society or the elevation of the race will succeed, unless founded on the truths of nature, and along the line of its eternal laws. The inebriate, in this trance state, is a mere automaton in motion; either moving along certain fixed lines of conduct, or acting in obedience to unknown forces, which may change or vary any moment. Some governing center has suspended, and all consciousness of time and the relation of events has stopped. Changing thoughts and impulses, the suggestion of a disturbed organ, or the impression of a thought or desire coming from the past, may suddenly concentrate into action, irrespective of consequences. Both subjective and objective states, influenced by conditions of health and brain power, may develop into deeds that are practically unknown and unrecorded by the higher brain centers.

The phenomena of this state divides into two forms. One, probably the most common, in which the mind moves along certain familiar lines of action, and follows some purpose which has been previously fixed, all of which appears natural and reasonable. Second, a new line of thought and action appears, unusual and foreign to his every-day life, often impulsive, inconsistent, and yet seemingly one that he is fully conscious of, and if questioned, may give reasons that seem to justify his conduct.

In both of these forms sudden changes from one state to another may follow. Emotional disturbances may precede this state, or may appear coincidently with it. The senses are blunted or enfeebled, or they may be intensified in certain directions. Except

this, perhaps, there is little evidence of unconsciousness, and if the impulse is criminal it may appear without premonition, like a flash of light, and disappear as suddenly. Legally, the first question is the inebriety of the patient. On this point the inference will be clear if the person has used alcohol at intervals or continuously to intoxication. The degree of this excess need not be stupor or delirium, but whenever it is marked by changes of intellect, manner, temper, disposition, habits, and character, inebriety is present. Next, the presence of the trance state, which may be shown from the statement of the patient, and all the circumstances of this state, with a history of the case.

First. The statement of the patient that he did not remember the act may be made to shield him from its legal consequences, or save his reputation. The general principle here is that the use of alcohol invariably impairs the memory, and that confusion of mind and disturbed will-power is a pathological result from the same cause; hence there is always a physiological possibility of the correctness of the statement.

Second. The general character of his conduct during this state will bear out his claim of trance. His general abstractness of manner, or his strange, inconsistent actions, unusual in motive and object, united with an apparent recognition of the surroundings, may be taken as evidence.

Third. The range of the mind, and the general vigor and health displayed, will give some indications of the consciousness of his acts in this state. The sudden change from frankness to reserve, or from confidence to suspicion, or the presence of emotional excitement in little things, melancholy or hilarity, the rapid change of the mind from one extreme to another, are also evidences.

Fourth. If crime is committed, or any conduct which perils the good order of the community, a careful study will bring out the evidence of the mental state present.

Lastly, a general history, which will include inheritance, education, mental capacity, and health, will bring out many factors to determine the case. The patient's acts after coming out of the trance state will also determine its presence. He will manifest an indifference and a change of conduct from that noted in this state. An illustrative case recently under my care was that of a dentist who, in this state, was very anxious to make money, although

wealthy, but when this condition passed away all his money schemes were forgotten. In another case a man murdered his wife in a trance state, and went about for hours, not realizing what he had done, or making any effort to escape. From these and other studies the trance state may be reasonably proven to any court or jury. Then comes the question of responsibility. Clinical facts within the observation of any one will indicate unmistakably that in all cases of inebriety there is a defective brain power and general perversion of healthy activity. Also, when inebriety is present, the door is open for many and complex nervous disorders, which often complicate and make the inebriety more uncertain and doubtful. Hence, when inebriety is proven to exist, the responsibility of the patient for his acts is lessened; he is not of sound mind. When the trance state is determined, the actual responsibility or cognizance of right and wrong is suspended, and the patient is a mental waif, without compass or chart. No evidence of premeditation or apparent judgment in his actions can alter this fact. Any course of action marked by this may come from some impression laid up in the past, which, when conscious reason is withdrawn, takes on form and semblance. The real condition of the mind in this state is more or less concealed. Nothing less than a thorough medical study of every case, by competent men, can determine the measure of responsibility. Such a study must be made from a physical point, based on the facts, for nothing can be a greater injustice to both the patient and the community than to condemn and punish without a knowledge of all the conditions and circumstances. The object of the law to protect the rights and interests of individuals is defeated where its enforcement precipitates the victims into more hopeless conditions. Inebriety in any of its forms may be no excuse for crime, in law, but it can never, in any case, be an excuse for punishment which destroys the victim. The time has come to lay aside the legal barbarisms, relating to inebriety, of the past, founded on superstition and ignorance. The border lines of sanity and responsibility in inebriety, as laid down by courts, are unsupported by facts and the teachings of science.

Inebriety in all cases must be regarded as a disease, and the patient forced to use the means for recovery. Like the victim of an infectious disease his personal responsibility is increased, and the community with him are bound to make the treatment a necessity.

The following propositions sum up many of the facts mentioned:

1st. Inebriety must be recognized as a condition of legal irresponsibility to a certain extent, depending on the character and circumstances of the case, and the general mental integrity displayed.

2d. All unusual acts or crime committed by inebriates, either in a state of partial coma or alleged amnesia, which come under legal recognition, should receive thorough study by competent physicians before the legal responsibility can be determined.

3d. When the trance or automatic state is established beyond doubt, he is both legally and practically irresponsible for his acts during this period. And each case should be measured by the facts of its individual history.

4th. Inebriety is a disease requiring physical means in the treatment. Society demands of the patient that he use diligence to recover, and so far as he may neglect this, both himself and community are responsible.

5th. It is the duty of the State to provide asylums and encourage private enterprise to furnish the means and appliances for restoration.

6th. Lastly, standing on this border-land, and looking back at the monstrous injustice and legal crime that is daily committed in the punishment of inebriates, who are practically insane, I am convinced that the time has come for a revolution of sentiment and practice, in which both the inebriate and the community must be held responsible, not alone for his acts, or the consequences of them, but the causes and conditions which have developed in this way; then the victim will be forced to avail himself of every means for prevention, restoration, and recovery.

REMARKS

ON THE

NATURE AND TREATMENT OF VARICOCELE.

By Morris H. Henry, M.A., M.D., New York.

I came here to-day by invitation of some of the members of the Society, and I accept, with no small pleasure and satisfaction, the opportunity to make some remarks on the treatment of varicocele and the removal of the redundant scrotum for the purpose of effecting a radical cure. To me it is a source of great satisfaction to present to you the results of my own clinical experience and observations in the treatment of a disease which I regard as equally important to the physician and surgeon. I will not trespass long on your time or patience. I appreciate brevity at these annual gatherings. Beside this I appreciate the value of devotion to practical results—information in a concrete form that can be of service to the many practitioners that attend these annual meetings. To the physician a knowledge of the pathology and clinical characteristics of varicocele is essential because the physical and mental sufferings are frequently so intimately associated in their clinical aspects with other diseases that a differential diagnosis could not be made without a full knowledge of the nature and cause of the disease. To the surgeon a knowledge of the etiology of varicocele is of deep interest, because he is directly consulted with a view to its relief or cure. Strange as it may seem, there are no settled convictions as to the best course of treatment even in severe cases, and many surgeons of good repute have been led to advise mere palliative mechanical contrivances and non-surgical interference. This course has been pursued by many good surgeons, because they feared the results of ligation and obliteration of the veins—the main treatment—in various forms and by different

methods. Experience has shown that in this course of treatment there is serious risk of life—serious risk of atrophy of the testicle —beside risk of phlebitis and failure of any good results from the operation. A good knowledge and keen appreciation of all these facts led Sir Astley Cooper * to advise and perform amputation of the redundant scrotum—a condition of the disease—in its severe forms for the relief and radical cure of the same. He published his own five cases as well as the results of some cases furnished by his colleagues. He regarded them as cured, and they doubtless were cured. There is no reliable evidence to the contrary, in spite of the loose statements of some who have not looked favorably on the operation from want of success in their own methods of operating. There is no doubt many failures have followed the operation in the practice of otherwise skillful surgeons. In the early part of my own professional career I witnessed the operation a number of times, and the coarse manner of the performances, and the failures—the result, as I thought, of a want of proper instruments, and a good appreciation of the pathology of the disease, led me to a more thorough study of the clinical features, and possibilities of effecting a radical cure by this method.

I was satisfied that the rationale of the operation was a good one, and that success depended on the instruments and method of operating. I invented the clamp—somewhat different from the one I now present to you; this is an improvement on the one I first used, and with this instrument I was master of the operation. I had complete control over any possibility of hemorrhage, perfect control of all the tissues, and perfect ease and security in the performance of the operation. The details I will give you further on. I published my first three cases in 1871, and waited ten years —until 1881—to watch the results. In April, 1881, I read the results of fifteen successful cases before the New York Academy of Medicine, and shortly after before the Academy of Surgery of Philadelphia. I waited for ten years to see the results of the operation, and in all the cases I had an opportunity of following the conditions were perfectly satisfactory. This experience set at rest the assertion that it was not permanently curative. If the operation is done in the manner I shall describe—it requires little more than ordinary skill and judgment to perform it—the result

* Cooper on the Structure and Diseases of the Testis. London, 1841.

must be satisfactory. Such has been my experience, and the same good results have been met by many of my distinguished *confreres.* With my own cases, and of cases in the practice of other surgeons by this method, not less than one hundred and fifty persons have been operated upon, and I have yet to learn of any failures.

Before referring to the pathological features of varicocele, let me detain you by stating what we understand as varicocele: it is a term applied to a morbid dilatation of the spermatic veins. The enlarged veins hang down below the testicle, and reach upward into the inguinal canal, and, when very voluminous, conceal the gland, encroach on the septum, and extend to the other side of the scrotum. The dilatation is not confined to the veins exterior to the gland; those of the organ itself are frequently varicose, and enlarged veins may often be distinctly seen ramifying between the tunica vaginalis and tunica albuginea. In order to appreciate the benefits of and the indications for operation, it is necessary to consider the pathological changes which take place in the various structures composing the spermatic veins and scrotum.

The main changes that take place in the veins are: 1st, the elongation of the vein; 2d, its tortuosity; 3d, the loss of the function of its valvular apparatus; and 4th, the loss of resiliency of the veins, which is of various degrees of intensity. This loss of resiliency is due to certain structural changes which take place in the walls of the vein, consisting of a thickening of their coats by proliferation of their connective tissue elements, following which there occurs fatty degeneration of the muscular elements, which, later on, may increase to complete calcific degeneration.

In taking these changes into consideration it will readily be seen that the various cases met with present phases varying in proportion to the extent of the progress of the pathological changes —namely, those in which there is very little loss of resiliency, in which the varicocele would be slight, and those in which there is an absolute and entire loss, in which case the varicocele would be exceedingly large. As a result of this varicose condition of the veins, greater or less atrophic changes may take place in the testicle. These changes which take place in the veins react on the scrotum, which gradually becomes enfeebled, lengthened, sometimes thinned and redundant. This redundancy, which is probably due to an atony of its dartos muscle, may consist of walls of scrotal tissue of normal thickness, but from clinical observation

I think I am warranted in stating that there is thinning of the scrotal walls in the majority of cases; the intensity of this condition is in direct relation to the extent of the varicosity. It may be well to mention in this connection, that in many cases, particularly where this thinning of the scrotal walls exists, there is frequently a decided enlargement of the superficial scrotal veins.

In some cases, after the veins have attained a certain size, they seem to accommodate themselves, to a great extent, within the distended scrotum, and cause little or no acute pain. Even in these favorable cases, however, acute symptoms may be manifested at any time, and all the distressing and painful features of the most inveterate forms of the disease induced without any seeming or exciting cause.

In the removal of a redundant scrotum in the manner I shall describe, for the relief of varicocele, skill is called for. The success of any delicate surgical operation depends on the care and management before, during, and subsequent to the operation. I have ventured to allude to many little details because I am fully impressed that they bear a most important relation to the chances of success.

Success in any operation depends on attention to details. Failures in so-called minor surgery occur too frequently and are mainly the result of neglect of these so-called trifles. Cases of minor surgery are frequently—by neglect of details—converted into cases of major importance.

DESCRIPTION OF INSTRUMENTS.

The instrument which I have called scrotal forceps, or clamps, consists of two parts. The main part of the instrument has two double-curved blades, made of steel, about ten inches long, sufficiently heavy to give strength and admit of pressure without injury when in contact with the tissues. The handles are large enough to admit of a good grasp without cramping. That part of the instrument below the joint is curved as nearly as possible according to the natural lines of the raphæ, from the upper anterior part of the scrotum down to and under the scrotum, so that it embraces, when placed in front of the scrotum, the entire and exact portion which it is desired to remove. The coapting surfaces are evenly notched to prevent the tissues from slipping, affording a more secure hold on the soft parts, with less pressure and less

injury than smooth surfaces. The blades are only thick enough to give strength, without leaving too much tissue in front.

The handles are so curved that, while they maintain a direct median line they do not interfere or press on the genital parts. The double spring, besides giving additional security and compactness renders them, to a great extent, self-acting, easy of manipulation, and what, at times, may be of very great consequence, ability on the part of the operator to perform the operation without the aid of additional assistance.

The screws in the handle and at the end of the blades afford a complete and perfect hold of the parts to be removed. They are not adjusted until the operator is perfectly satisfied that he has embraced the exact portion to be removed in front of the blades.

In my former operations I made use of an extra blade of steel, nickel-plated, and maintained in the right anterior surface of the clamp by two small pins that fit in grooves cut in the clamp. It is easily inserted with a little pressure, and removed as easily by pressing downward and forward; it is then dislodged by slightly raising the extreme end. The extra blade, when in position, leaves a fenestra to afford the surgeon the facility of inserting all his ligatures, should he prefer it, before dividing the parts. The thickness or amount of the tissue left in front of the main blade and between that and the extra blade, which is the guide for the part to be removed, is ample to assist union, and if the division is a clean one, and the stitches are close and evenly inserted, and tension slight, there is little probability of ulceration through the stitches before union has taken place.

When the part has been removed the extra blade is displaced, leaving a free border exposed in front of the main blade about a quarter of an inch in thickness. In a few minutes the ligatures can be tied and the clamp removed.

For the removal of the redundant portion I prefer scissors to the knife. I am inclined to think the hemorrhage is apt to be less and the cut edges heal more readily by first intention. I cannot give any positive explanation for this, but such is my impression. When the double layers of the scrotum are tightly compressed between the blades of the clamp, it forms a very dense, tough substance, and requires a pair of very strong, sharp scissors to cut through. It is as dense as cartilage. A strong pair of scissors will, with some extra effort, serve the purpose; but, to

insure an easy and clean removal of the part I use a cutting instrument which I have devised and which I call cartilage scissors. These scissors can be grasped and handled with the utmost ease. By the aid of the springs on the inner sides of the handles they are self acting so far as opening the blades. They are curved on the flat side. They are not only useful for this operation, but will, I think, be found to serve better, and are handled with greater facility, than any other scissors, wherever a cutting instrument is needed for cartilage or other dense or thickened tissues.

In my early operations I relied mainly on ordinary sutures as just described. I now use only silver pins with the figure of eight silken thread to retain the skin-tissue edges in immediate contiguity. By the use of the pins the parts are firmly secured—there is no dragging of the edges of the wound—less danger of ulceration of the edges, and a better prospect of union by first intention.

The pins are all inserted through the tissues directly under or close behind the concave surface of the blades of the clamp before the scrotum is removed. In this operation the anterior or convex side of the clamp is the guide for the incision. The detachable guide is not used when the operation is performed in this way. The pins should be inserted with the view of maintaining the divided edges in perfect apposition. In the intervening spaces I use sometimes a fine silk suture—only through the skin—for the purpose of preventing the edges from rolling outward. This obviates the necessity of a large number of pins. As an additional safeguard in preventing the edges from rolling outward, care should be exercised against pressing and tying the edges too closely; gentle apposition, not forcible apposition, is the only way to secure the quickest and best union. I dwell on this point because I have on more than one occasion been asked how to avoid this condition.

I use stout silver pins one inch and a half long. To facilitate the insertion of the pins, and to prevent the small heads from burying in the flesh, if swollen, I cover the heads with a little sealing wax; this also aids in retaining the ligature on the one side of the wound. When the pins have all been inserted, I then fix a small cork on the sharp end of each pin, half the length of the cork. This prevents the edges from spreading wide apart when the clamp is removed. When this is done the scrotum is cut

off and the clamp removed. The silken threads are next placed around each pin as usual in cases of hare lip. The corks are then removed, and the sharp ends of the pins cut off. A strip of thick adhesive plaster is then placed parallel with the line of the wound under the sharp edges of the pins to prevent them from irritating the skin. A simple dressing of cold water—with a few grains of carbolic acid to the ounce—is the only application necessary. The pins should be removed on the third and fourth day. With a little skill they can be removed without causing the patient much pain. The wound should be thoroughly cleansed, the ligatures softened and cut away before any attempt is made to remove the pins. The pins should be gently rotated before withdrawn. The rotation, if gently done, breaks the little attachments formed by incrustation with the tissues, and prevents dragging and tearing of the freshly united parts. These details may seem trifling. They are not; they prevent suffering to the patient, they assist in sustaining the integrity of the wound, and lessen the period of detention and confinement of the patient.

The swelling or œdema which follows the operation invariably subsides in a few days. The treatment following the removal of the pins consists in keeping the wound clean. If there are any points that have not united by first intention, they may be gently stimulated to advance the healing process.

By carrying the incision very low down, to the lowest and most pendulous part of the scrotum, it would afford the easiest egress for any little portion of blood or serum that might collect there, and at the same time prevent, or at least lessen, the chances of an abscess. While I have never met with any such complication, I am nevertheless aware of the possibility of such an occurrence.

Teats, or angular points, if left at the ends of the wound, would prove annoying and unsightly; this may be avoided by a slight rounding of the corners when the part is removed.

It has been suggested that there was danger of a retraction of the dartos muscle in amputation of the scrotum; this I think cannot possibly occur if the forceps are used with ordinary care.

Should any vessel be divided requiring special attention, the application of a small acupressure needle will be found most serviceable. If the bleeding occurs on or very near the border of the incised parts, I apply a *serre-fine* or acupressure needle.

In persons of a feeble or debilitated constitution, diffuse hemor-

rhage may occur, as in any surgical operation. This is best treated by the local application of ice, or of a solution of the persulphate of iron. In persons of a true hemorrhagic diathesis the operation should not be performed.

The theory of the operation is to avoid interference and division of any of the important vessels. With ordinary care, there need be no hemorrhage beyond the loss necessarily following the division of the tissues. The spermatic veins and the enlarged veins of the scrotum proper can be avoided in the incisions by attention to this rule, and to which I believe I first called attention—to hold the parts that are to be removed in front of the light, and be careful that no vessels are included in the integuments beyond the flat convex surface of the clamp and line of division. In the ordinary daylight essential to the performance of any surgical operation, the redundant scrotum will be found perfectly transparent.

The division of any vessels beyond the small and superficial scrotal vessels must be the result of carelessness or want of appreciation of the essential details of the operation. Regarding the amount of scrotum to be removed, I can only say that I take away all beyond that absolutely necessary to form a tight, well fitting covering to hold and retain the testicles in a normal and comfortable position. There is no danger whatever of removing too much in this operation if the clamp is properly applied, and average skill and judgment exercised. In the absence of sufficient skill and judgment there is more probability of a second operation being called for to remove more tissue.

To one who has had no experience—on first witnessing the operation—it seems as if too much were removed, but there is still left some little tendency to a little further relaxation of the scrotum. With the recovery and renewed resiliency of the spermatic veins—by shortening of their axes and less dependent condition there is less strain, and with this lessened strain, increased by relief from the superincumbent weight of blood in the vessels, and increased tonicity of the scrotal integument, there is little probability of more relaxation of the scrotum than can be tolerated with perfect comfort.

At the suggestion of my friend, Dr. Porter, of Bridgeport, I call your attention to the fact that in three of the cases of varicocele treated in the last two years there was a complication of hydrocele. In two of the cases the hydrocele had been tapped

and the parts filled again. Before performing amputation of the scrotum I emptied the sacs in the usual manner. So far, there has been no return of the hydrocele. The operation must prove a radical cure in all cases of extensive hydrocele.

In submitting these remarks to the Secretary, for publication in the Transactions, by invitation of the Society, in addition to my thanks for the courtesies and attention accorded me, I desire, also, to express the satisfaction I feel at the remarks of the distinguished Secretary who suggested a valuable addenda in his recital of two cases of varicocele operated upon by Dr. Jarvis and himself in this vicinity, by the method I have described, and both terminating successfully.

OBITUARIES.

GEORGE BENJAMIN HAWLEY, M.D., HARTFORD.

By P. M. Hastings, M.D., of Hartford.

George Benjamin Hawley, M.D., was born in Bridgeport, Conn., February 13, 1812, and died at the Hartford Hospital, April 18, 1833.

While an infant, his parents removed to Watertown in this State, and here the subject of this sketch passed his early life.

After attending school in Goshen, in 1829, he entered Yale College, graduating in the class of 1833.

Soon after leaving college he commenced the study of medicine with Dr. Pierson of Windsor, and attended lectures during the terms of 1833, '34, and '35, in the Medical Department of Yale College, acting as assistant demonstrator for Dr. J. Knight, a portion of this period. After attaining his degree, he commenced the practice of medicine in Charlton, Mass. In 1836 he became assistant to Dr. Silas Fuller, then Superintendent of the Retreat for the Insane in this city. After serving in this position about four years, in 1840 he commenced general practice in this city. In 1840 Dr. Hawley was married to Miss Zerviah C. Fuller, daughter of Silas Fuller, M.D. Mrs. Hawley died in 1847, leaving one son, George F. Hawley, M.D.

In 1848 he was married the second time to Miss Sarah C. Boardman, of Hartford, who survives him. An only son by this union died in early life.

During the extreme heat of the summer of 1870, and when unusually active in his practice, the first indications of failing health were noticed by the Doctor; failure of the digestive functions and irregularity of the heart's action, soon followed by protrusion of the eyes, led him to the diagnosis of exophthalmic goitre, although there was no enlargement of the thyroid gland.

The remaining thirteen years were years of great activity.

While not wholly relinquishing practice, he became interested in several projects outside of his profession. Some of these matters occupied largely his thoughts during the last months of his life.

Dr. Hawley's character was very marked. His perceptive faculties were prominent, leading him to form rapid judgments of men and affairs; untiring energy, intense persistency in the pursuit of any point which seemed desirable, and wonderful hopefulness, or rather confident belief of success in all his efforts. Failure, I think, never convinced him of mistake. He evidently believed that by persistency he could surmount any obstacle.

A friend of his boyhood states, that fifty or sixty years after, the Doctor, referring to his unsuccessful efforts to capture birds by placing salt upon their tails, expressed his confidence in this method, attributing his failure to the lack of persistent effort. Young Hawley was always ready to invite contest with his companions, which called for the exhibition of physical strength and pluck, and was generally successful.

A classmate in college writes that "Hawley came rather scantily prepared, but he had ambition, industry, and energy, which told in his career. We were to have our semi-centennial meeting this summer, when we shall find our number lessened by more than one-half."

A medical friend, long associated with Dr. Hawley, furnishes the following kind and just appreciation of his character and life as a professional man:

"It was in the autumn of 1835 when I first saw Dr. Hawley. He was one of the dissectors for Dr. Knight, and as he stepped into his seat in the theater, near the door, he drew my attention by the decided marks of resolute determination impressed upon his countenance. An acquaintance was soon formed, which was continued in very close intimacy and friendship until his death. I knew him well and he knew me equally well. We were differently constituted in many things, and did not always think alike, but we never allowed our different opinions to affect our respect for one another. He was ambitious for success, and worked hard for it, harder than most men would have done, and harder than was necessary, for he had not the tact or ready talent of doing things easily, or quietly; or perhaps that delicate and patient sense of letting them sometimes take care of themselves. For, as he was very positive in his ways and measures, throwing into them

all his strength and energy, so he undertook to accomplish by his great and demonstrative resolution, and did usually accomplish it, much which a more undecided man, and one more willing to wait for results, would have left to time, or the natural result of causes. What he did, he did with power. I well remember him in the flush of his practice, and in the exuberance of his robust health. No fatigues could tire him, no opposition or failures discourage him. By night and by day he was almost constantly employed, getting his sleep often by little snatches, not unfrequently upon the floor, or upon the very bed of the lying-in patient. His iron constitution seemed to suffer no injury, at the time, from this abuse, and he was as active, and ready, and resolute, and confident as any man I ever saw. He often told me how strong his appetite was, and what he could accomplish when he was eating freely. Of all physicians whom I have known, he was the most laborious, and would visit the greatest number of patients in the shortest time. Of this slight attention I sometimes spoke to him, saying that he did not fairly give them sufficient attention, but he was always ready with the satisfactory reply, that he did not neglect them, and once having investigated their cases thoroughly, he could perceive the natural course of the disease, but would not either overlook or be unmindful of unexpected or sudden changes: And he had that power which is of the utmost value, and is not given to every man, of taking in a case at once, looking at it clean down to the bottom, comprehending it from its beginning, and judging it pretty accurately along its course, and to its ending. With like intuition, he judged of the proper remedies, and was not unsparing either in their variety, or ample doses. He believed in the efficacy of remedies and of their vigorous application in disease. His active, ardent temperament, would brook no dalliance, or half-way measures, in any department of his profession. With what wonderful resolution have I seen him attack some of the most difficult cases in midwifery, and exhibit an amount of muscular power which would almost indicate a personal struggle; difficulties and dangers only made him more resolute. A man of more patience, and more dexterity, would have accomplished as much with more ease to himself by a greater sacrifice of time. But this sacrifice of time was just the thing our friend did not wish to make.

"Dr. Hawley was not a great reader of medical books or peri-

odicals. He neither had the time, nor was he fitted for it; his habits were too active for quiet study. But he did read, so as to keep pretty well posted as to the advances in his profession, and what he did not learn from books, he acquired from observation. His perceptions were quick, and he took in readily whatever he saw or heard, sifted it quickly but thoroughly, and whatever there was of good in it, made useful."

Prominent as a physician, for a period of more than forty years, as was Dr. Hawley, his name will be associated with one of the most conspicuous charitable institutions of our city, long after the memory of his professional life has passed away. In the origin and successful establishment of the Hartford Hospital, he was, for nearly thirty years, most active and efficient.

A "Home for the Sick," had been maintained for several years in the city, by the exertions of a few benevolent persons, the late Dr. Wilson being especially active. In 1854, Dr. Hawley became interested in the matter of providing for the sick, and largely by his efforts an act of incorporation and a conditional grant of money was passed by the Legislature of this State, for the establishment of a hospital. From this time until his death, this institution was first in his thoughts, and absorbed a large share of his attention and energy. From the beginning he was confident of success and labored incessantly with his whole power to this end. Never discouraged by the rebuffs or lukewarmness of those to whom he applied for aid, he was ever ready to present the claims of this charity and urge with great earnestness their recognition. Difficulties seemed to have only quickened his zeal and made him more resolute. Looking over his annual reports from 1855 to 1883, one cannot fail to admire the skill and tact exhibited in pressing the claims of the hospital upon public attention, setting forth the need of its existence, and want of funds for its continued prosperity.

Commencing with little knowledge of hospital structures and management, it must be admitted that Dr. Hawley exhibited wonderful acuteness and sound judgment in the construction and government of the Hartford Hospital, as we find it to-day. That he committed mistakes was unavoidable; but it is remarkable that he escaped so many blunders that usually fall to the lot of inexperience.

The internal management of the hospital was the study of

years; and almost his last work, when confined to his room, was the revision of the rules of government.

It may be, and probably was true, that a vast amount of unnecessary labor and energy was expended upon this enterprise, that more quiet methods and less waste of mental and physical force might have accomplished the same results; but, with Dr. Hawley's vast resources, greater or less expenditure, was not to be considered. If he was to work at all, it was his nature to work with all his power, and no abatement was to be noticed, even if the object to be gained was comparatively unimportant. It may well be questioned whether any man with less force could, under the circumstances, have brought this enterprise to so successful a termination.

A few years since the need of a home for old people of respectability presented itself to his mind, and with his usual diligence, he set about procuring funds for this purpose. The beautiful structure in the vicinity of the hospital, now awaiting completion and endowment, is a monument of his exertions. His often expressed regret, that he was unable to carry out his plans for the permanent endowment of this institution, never lessened his faith in its ultimate success.

For several years the Doctor was engaged in the study and treatment of inebriety, and made vigorous and for a time successful efforts to establish an asylum at Walnut Hill. By his influence a favorable act of incorporation was passed, and a considerable amount of money was contributed to this object. Unforeseen obstacles arose, and the enterprise was abandoned by all except Dr. Hawley. He entertained a confident belief in his ability to found a model reformatory for the inebriate until a short time before his death.

As was natural, Dr. Hawley often incurred the charge of being actuated by selfish motives, and of profiting personally by his remarkable successes. To many minds the display of so much energy and zeal could only be accounted for in this manner. But those who knew him intimately never entertained a suspicion of his honesty and integrity. His administration of the hospital was noted for its broad philanthophy and benevolence, and displayed a sincere desire to benefit his fellow-men. In view of his great achievements we may sincerely forget his faults, and cherish the memory of his many virtues.

WILLIAM H. TREMAINE, M.D., HARTFORD.

Dr. W. H. Tremaine was born in South Lee, Mass., August 26, 1815. He studied with Dr. McAllister of Stockbridge, and graduated at the Berkshire Medical College in 1838. After practicing medicine for about two years in Broad Brook, and four years in New Marlborough, Mass., and ten or twelve in Higganum, he removed to Hartford, where he continued until his death, April 30, 1883. He married Lavinia A. Belknap, of East Windsor, who, with one child, survives him. He was for many years the town physician of Hartford, and also the coroner of the city. He died from cerebral paralysis. A son, Rev. Charles H. B. Tremaine, died the previous year. He was Rector of St. John's Church, New Haven; he was an active, enterprising man, of brilliant talents, and devoted to his calling: and his death was a severe loss to his parents, and to his many friends in the diocese.

FRANCIS TRACY ALLEN, M.D., GRANBY.

By G. W. Edwards, M.D., Granby.

Dr. Francis T. Allen was born in Norwich, Conn., May 28, 1803. When three years of age his parents removed with their family to the town of Kinsman, in that part of Ohio then known as the "Western Reserve." Here he attended the common schools, and later was for two years under the tutorship of a Rev. Mr. Coe, of the neighboring town of Vernon. He then, when eighteen years old, began the study of medicine in the office of his brother, Dr. Peter Allen, of Kinsman. Two years later he returned to his native State, and entered the Medical School of Yale College, remaining till 1825, when he received his diploma.

Returning to Kinsman, Ohio, he commenced practice in partnership with his brother. There and in neighboring towns he practiced his profession for nearly thirty years, until 1853. He then removed to Granby, Conn., where he continued in active practice till within a few weeks of his death, which occurred October 8, 1882. He died from a severe attack of asthma and bronchitis.

Dr. Allen was a genial, large-hearted man; in fact, he never

learned to say no, when an appeal was made to his sympathies. While practicing in Ohio he conducted many a poor fugitive through that State on the "underground railroad." Dr. Allen was a life-long and earnest advocate of total abstinence from all alcoholic and other stimulants, and an efficient worker, both in church and Sunday-school. He had a wonderful memory, which faculty he retained to the last.

As a physician he was untiring; his practice was always large, involving much travel and night work. He never refused a call from any source, unless confined to his bed, which was very seldom.

Dr. Allen lost two sons in the war of the rebellion,—one dying in an army hospital, the other soon after the war closed from a disease contracted in the service. About this time he also lost his wife.

One son and three daughters survive him, with several grand and great grandchildren.

GEORGE O. HURLBUT, M.D., GLASTONBURY.

Dr. Hurlbut was born in Glastonbury, Ct., Sept. 28, 1833. He graduated at the New York College of Physicians and Surgeons in 1857, and remained in New York in practice till December, 1861, when he went into the army as Assistant Surgeon of the 1st Conn. Light Battery.

In Jan., 1864, he was promoted to the position of Surgeon of the 1st Conn. Cavalry, and was mustered from the service in August, 1865.

Returning to his home in Glastonbury, he began practice, but was unable to follow it, because of intermittent fever, till the following spring. He was in active practice from then till 1873, when he was obliged to again leave it for about one year, during which time he suffered from an abscess of the liver. From 1874 to the winter of 1878–9, he practiced more or less, when he was attacked with neuralgia, after which he never resumed practice. In March, 1882, he had a severe hemorrhage from the lungs, which continued more or less till the time of his death, Oct. 10th of the same year. Dr. Hurlbut was a man of large intellectual

ability, kind and sociable both in his professional and family relations. He commanded a large country practice during the few years he was able to attend to it. He was noted for the open and hearty welcome he gave to all who chanced to meet him at his home in a social way.

Although he was debarred from practice for many years, he always kept up with the times, both inside and outside of the profession. Dr. Hurlbut never married, his two surviving sisters being the only members of his family.

MARCUS L. FISK, M.D., WAREHOUSE POINT.

By R. Strickland, M.D., Enfield.

Dr. Marcus L. Fisk was born December 16, 1817, at Willington, Tolland County, Connecticut, and died April 2, 1883, of pneumonia, at Warehouse Point, leaving a wife, one son, and one daughter, the son being an Episcopal clergyman located in Philadelphia. Dr. Fisk was the seventh son of Rufus and Irene Fisk, whose family consisted of fourteen children; an honest, industrious farmer, who strove to win from the hard, sterile soil of one of our mountain towns, a sustenance for his numerous family. Thus early Dr. Fisk acquired the habit of industry, which was so marked a characteristic in all his subsequent life. He early manifested a fondness for books, but the absence of public or private libraries in the vicinity of his home, prevented him from fully gratifying his taste. He was educated in the public schools of his own town, and academies of neighboring towns, and taught school several terms, both in Connecticut and Rhode Island.

Dr. Fisk commenced the study of medicine with Dr. Robert Grosvenor of Killingly, and continued under the instruction of Dr. William Grosvenor of Providence, R. I., and Dr. Alden Skinner of Vernon, after which, he became the private pupil of the distinguished surgeon, George McClellan of Philadelphia. He graduated with honor at the Pennsylvania Medical College, March 4, 1842.

In 1867, Dr. Fisk received the honorary degree of M.A. from Trinity College, Hartford.

Soon after graduating, Dr. Fisk commenced the practice of medicine at Broad Brook, in which place he was eminently successful, and in the autumn of 1864, on the death of Dr. Joseph Olmsted, in compliance with the urgent solicitations of the citizens of Warehouse Point, he removed to that place.

Dr. Fisk was a man of extensive reading, of studious habits, a careful and judicious physician, an honest and honorable man. In my relation with him, he was never heard to speak disparagingly of any of his medical brethren.

He was a man of positive convictions, honestly expressed, and when once settled in his own mind, was prepared to maintain them, but never captious, always ready to give a reason for the faith that was in him.

He never turned a deaf ear to the call of the suffering poor, but responded as promptly to their wishes, as to the rich and aristocratic. "To the last, even with death's hand upon him, he toiled to relieve human suffering. Generous, kind, the soul of honor, of irreproachable character, he rests awhile, leaving to those who come after the magnificent heritage of his noble life and pure example."

Early in life he united with the Episcopal Church. He was one of the founders of Grace Church, Broad Brook, and for years vestryman, and was also warden of St. John's Church, Warehouse Point. In the prosperity of the church, he had an abiding interest.

Dr. Fisk was a man of great energy and of more than ordinary ability, commanding at all times the respect of his associates in the profession, beloved in an uncommon degree by those to whom he administered in their hour of affliction and gloom.

We, his medical brethren, have left to us his noble example of sacrifice of self to duty, a character upon which no shadow of a stain can rest. A priceless legacy this, to his children and his children's children.

Then may we not hope, that as the grass grows greener, and the birds sing sweetly o'er his grave, so may his memory grow fresher and more enduring, until that day when we hope to meet him, by the "pure river of the water of life, which flows hard by the city of our God."

MASON MANNING, M.D., MYSTIC.

By E. Frank Coates, M.D., of Mystic Bridge.

"Hezekiah Manning was a farmer of Scotland, Conn., in the colonial days prior to the American Revolution. He was born, passed his life there, and died in 1800, aged 80 years. He was twice married to sisters named Webb, natives of the same locality. He had several children, one of whom, Luther, was born in 1748. Hezekiah was a man of shrewd common sense, had a clear, incisive way of arriving at truth, and a quiet, original way of expressing himself; and they did him good service in his official duties as justice of the peace, in which capacity he served many years, highly esteemed by his constituents.

"Luther Manning became a physician, and was an assistant surgeon in the Continental Army of the Revolution. He was stationed at New London, and was on service there when the town was burned by the British. He married Sarah Smith, and after the Revolution settled at Norwich Town (now Lisbon) in the practice of his profession, and had for those days a large ride. He was often called to consult with the leading physicians of Eastern Connecticut, and was prominently connected with the formation of the County and State Medical Societies. He was selectman, etc., and represented Lisbon in the State Legislature several terms. He was in active practice in his profession until his death, May 7, 1813, at sixty-five, and for many years was a member of the Congregational Church. His children were Olive (Mrs. Abijah Perkins), Luther, Lucius (died young), and Mason." *

Dr. Mason Manning was born in Hanover Society, Lisbon, Conn., then Norwich Town, Aug. 27, 1796, and died at Mystic, Conn., February 10, 1883. He had a common school education, and probably some extra advantages before he commenced the study of medicine with his brother Luther in Scotland, Conn. He remained with him in the study for one or two years, and then entered the office of Dr. Andrew Harris, of Canterbury, Conn., then one of the most distinguished surgeons of the State, and studied with him for nearly one year. After attending one course of medical lectures at Yale College, he was invited by a friend to go to Bethany, Wayne County, Penn., where there were two resi-

* History of New London County.

dent physicians, but both were intemperate. The young man soon received calls, and found himself in active practice. Fevers prevailed, he was successful, and remained there busily engaged until the next course of lectures at Yale, not having a death from fever occur in his practice. He attended his second course of lectures in Yale College, and was graduated in 1818.

After receiving his M.D., he at once entered into a copartnership with his brother Luther, in Scotland, and remained with him two years, when by invitation and advice of friends he went to North Stonington, Milltown, where he remained about nine months, during which time he made many lifelong friends and considerable reputation in the treatment of fevers, not having lost a case.

At this time, and by reason of the death of the physician at Mystic, Conn., he removed to that place, head of Mystic River, where he remained until his death. He shortly after, November 20, 1821, married Miss Fannie, daughter of Dudley and Mary Hovey, of Scotland, by whom he had one son, Francis Mason, now a resident of Mystic Bridge, and President of Mystic River National Bank. A short time after the birth of this child, the mother, as it is stated, took cold, and died, September 23, 1822, from its effects, leaving the son about one month old. The doctor lived a widower until January 26, 1829, when he married Miss Harriet, daughter of John and Harriet Leeds, who still survives him. She has never had a child, but has been a good mother, and the stepson has proved the son of her choice, and now is the solace and consolation of her declining years.

As Mystic was only six miles from Milltown, he retained many of his former patrons after his removal, and soon succeeded in obtaining a successful practice. Though youthful in appearance, quiet and unobtrusive in his manner, he was good-natured, humorous, and enjoyed a good story and a good joke. These genial qualities, with his honor, sympathy, and steadfast devotion to his calling, soon won for him many friends from all classes of society. Having a large and extensive practice, he did not get as much time to consult books as is desirable; but he was a very close observer at the bedside, and had a remarkably retentive memory, which was noteworthy until within a short time of his death. Like Hippocrates, he learned more from what he saw than most others do from practice and books combined. His whole endeavor was for the good of his patients. He was honest, and seemed to

mind but little for his own reputation, and often, in his anxious regard for the patient, would forget some minor points of ethics in consultations. But if the error was brought to his notice, he took it readily to himself, and felt the true sorrow of having wounded a brother. He had confidence in himself so long as he saw the case clearly, and rarely wished for counsel, but was always willing to have it if it was sought. He had the confidence of his patients for skill, and such was his reputation among them that counsel was rarely desired. But when clouds hung around his patient, everything looked discouraging, and he could not see his way clearly, he was sometimes as timid as a child, and felt no confidence in himself, until he had a counselor on whom he could rely; then, with his advice, he would work again with renewed vigor.

The early reputation that he made in the treatment of the continued fevers he was able to maintain during the whole period of his active practice. He was a believer in the mercurial treatment. Calomel, blue pill, and opium were his sheet anchors He believed the liver generally in fault, and if this was regulated and kept in good condition, the patient generally was safe. Though he often used calomel and blue pill in what would now be considered quite too liberal doses, he understood his remedy so well that he rarely salivated a patient. Of course, he made use of other remedies for other things, and his selections were usually rational and well-directed. He did not excel in diagnosis, though he made few mistakes; but, from his close watching and his remarkable memory, his prognosis was truly good.

He was an early riser, and managed generally to get home to his meals. His rides, which were often long, were usually made on horseback, for the first twenty or more years of his practice. He was often kept out nights, and was greatly exposed to wind and weather, for, if well, he rarely refused a call to rich or poor.*

In 1854 he began to suffer from right supra orbital and trigeminal neuralgia, caused, probably, from long and continued exposure, and his sufferings from pain were at times very severe. He attended to his business when he was able, but could not bear much exposure, and in the winter of 1854 and '55 he went to New

* A story is told that he once asked a laborer, for whom he had done considerable service without being in any way compensated, to cut some wood for him. The man looked at him and said, "I ain't going to cut wood to pay old doctoring bills." The doctor said, "Very well, when you or any of your family are sick, by night or day, rain or shine, send for me, and I'll come." The man went and cut the wood.

York, and for a short time was under the care of Dr. Willard Parker. He was better in warm weather. Cold seemed to affect him unfavorably. So in the winter of 1855 and '56 he went to New Orleans, and was under the care of Dr. Warren Stone of that city. From none of his physicians did he get more than temporary relief. He still attended to his business, when not in pain, until the spring of 1859, when he welcomed Dr. Tribon from Massachusetts as a co-laborer in the village. He then refused laborious practice, especially obstetrics, as much as seemed possible for a man of his genial disposition and desire to please, and Dr. Tribon became very popular before his death, which occurred November 27, 1864, from typhoid fever. Dr. Manning was his attending physician.

Dr. A. W. Nelson succeeded Dr. Tribon soon after his death, and remained in Mystic until his removal to New London in 1866. Dr. Manning was now growing less and less inclined to do any business by reason of the neuralgic pains being greatly aggravated by anxiety, grief, or exposure; he therefore extended a special invitation to Dr. A. T. Chapman, Oct., 1866, after which he did as little as he could and keep his old friends quiet and easy. The last account on his day-book is October, 1867, though he did some business after this date, but the account was kept only in pocket memoranda.

He was a staunch Whig and Republican, though not active in politics, and he never desired public office.

"In 1837 he was elected a director of the Mystic National Bank, a position which he held until released by death, although, because of his feeble health, he was not able for some five years to take any part in the business affairs of the bank. In 1875 he presided for the last time over the annual meeting of the stockholders, and his signature appears for the last time on the bank records in 1877.

"He was converted in 1842, under the labors of Rev. B. C. Phelps, at that time pastor of the Mystic Methodist Church. His early education and preferences were Congregational, but he was a constant attendant and firm supporter of the Mystic Methodist Church, and in 1876 united with said church, and was regarded as one of its oldest and most faithful members. As a Christian he was quiet, retiring, self-distrustful, but always evincing a firm trust in his Saviour, and for years has been surely and silently maturing for the better and immortal life." *

* Mystic Press of February 15, 1883.

"Dr. Manning had been one of the pillars of society in Stonington for many years. The best people gave him their confidence and friendship, and among the worthy citizens of the town none were more esteemed or occupied a higher position in their regards. He was ever modest and unpretentious, yet social and genial, and a man of sterling qualities, upright, honorable, and possessed of great sympathy and kindness of heart for the welfare of all with whom he came in contact, and especially for those in need. Morally he was ever an example of imitation for the rising generation." *

I had known him intimately for almost forty years, and in the early part of my professional career I formed a sort of fraternal friendship for him, looking to him for fatherly advice and counsel. When others in consultations seemed to seek my ruin (which I am sorry to say was not unfrequently the case), and danger threatened my reputation in consequence, I would call Dr. M. to the case, and his opinion and advice was sure to put dishonest men to shame, for

> "None knew but to love him,
> None named him but to praise."

And now he has gone to the grave in a full age, and like a shock of corn, fully ripe, he was ready for the harvest.

BRADFORD SMITH THOMPSON, M.D., SALISBURY, CONN.

Bradford Smith Thompson, the son of Leonard and Abby Thompson, was born in Thompson, Conn., June 13, 1832. He was educated at Woodstock and West Killingly Academies, and studied medicine with Drs. Post and Wood of New York.

He graduated at the University Medical College in 1861, and at Bellevue Medical College in 1867, and received the Honorary Degree of A.M. from Yale College in 1872.

He served in the army as Assistant Surgeon for three years, practicing in New York after the war was over, until 1873, when he removed to Salisbury, Ct., where he resided until his death.

He was at one time assistant editor of the *Medical Record*, and was a frequent contributor to that and other journals.

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* History of New London County.

He was a member of our county, State, and National Societies, the New York Academy of Medicine, the New York Pathological Society, etc., etc.

Doctor Thompson was very genial and affable in manner, courteous to all, a thorough gentleman. As a practitioner he was attentive and successful, beloved by a large circle of patrons.

He left his home in November, 1882, for New York, expecting to return the following day, and after wandering about for two months, was found dead in his bed in Cincinnati, O., January 1, 1883.

He is supposed to have been suffering from mental aberration, caused by financial troubles, and had ended his own life by morphine.

GARRY H. MINOR, M.D., MORRIS.

By C. H. Gilbert, M.D., Morris.

Dr. Garry H. Minor died December 9, 1882, at the residence of Mr. Mason in Morris, after an illness of a few days. On November 30, 1882, Thanksgiving day, he was missed at his usual dinner hour, but nothing was thought of it at his boarding place, as he had previously complained of having a restless night, and was supposed to be making up for lost sleep. On investigation of the premises some hours afterward he was found near his barn just getting out of a snow-drift, where he had lain some four or five hours in a comatose state. His hands and nose both badly frozen, and he was totally deprived of their use afterward. He died December 9th; was buried in Woodbury the 10th inst.

Dr. Minor was born in Woodbury in 1802, studied in New Haven and graduated at Yale in 1824. He commenced the practice of medicine in Morris in 1824, and continued to practice there until his death, although for the past few years his health was such as to keep him in nights, and for the last year was seldom seen on his accustomed ride. He was always to be found at his office, with a pleasant word for those who called.

The Doctor was interested in the affairs of the town for a number of years, holding various offices; a staunch Democrat and thoroughly a gentleman of the old school. Although he was almost 80 years of age (only wanting 20 days) he neither wore glasses

nor used a staff. Through benevolence in his way he won the hearts of many of the poorer class of the town, and at his death remembered some of the needy who were struggling to rise in the world.

C. H. GILBERT, M.D., MORRIS.

By G. C. H. Gilbert, M.D., Westbrook.

C. H. Gilbert was born in Portland, Conn., April 15, 1846. Attaining a good education at the private school of Dr. D. Chase, of Middletown, he commenced life in mercantile business, but failed in 1872, and after spending a number of years in traveling, stopping a while in Kansas and California, he came home resolved to study for the medical profession. After attending three courses of lectures at Yale, Vermont University, and New York University, he graduated at the latter in 1880. In the winter of that year he settled in Morris, Litchfield County. By fortunate success in some of his first cases, he soon gained the confidence of the people. His powers of observation of disease, and the therapeutic action of medicine upon it were unusual. "His genial ways and confidence in himself always left his patients feeling better than he found them," is the expression of one of them in a letter to me, received soon after his death. His persistence in attention to his cases (especially chronic) till they were cured, was remarkable. Being elected Fellow of the State Medical Society, he expected to meet his friends in Hartford on the day he was carried to his grave. A peculiar coincidence was in his being chosen essayist, and in selecting himself the subject of Pneumonia. The obituary of Dr. Minor was prepared by him, and was probably the last work of his pen. No one in so short a time can have found a warmer place in the hearts of his patients than he, if one may judge from the contents of many letters received from them since his death. He came home the 15th of May, and on the evening of the 17th, the day before he expected to return, was taken with a severe chill. We both supposed it a malarial chill, and though the pain was severe in the back, it did not locate in the lower lobe of the right lung till morning, when the symptoms of pneumonia became more distinct. The disease steadily increased in severity till the evening of the 21st, when he fell asleep, we trust, in Jesus.

ELIPHALET HUNTINGTON, M.D., WINDHAM.

By Casper Barstow, M.D., Windham.

Dr. Huntington, son of John and Olive Huntington, was born in Windham, Conn., March 3, 1816.

His early education was such as the common schools of that day furnished. At the age of eighteen he entered the Windham National Bank to learn the banking business; after a time he went to Middletown to continue the business, in which he became quite proficient, being very accurate and showing great business ability.

From there he went to Cleveland, Ohio, where he engaged in the mercantile business for a time, he then returned to Hartford, Conn., where he continued in trade until he began the study of medicine, under the instruction of the late Dr. Webb, of Windham.

He took his first course of lectures at Yale, and graduated at Dartmouth, in 1847.

He began the practice of medicine in Chicopee, Mass., where he remained about five years. He then returned to his native town, but did not engage in practice. He afterwards associated himself with Dr. F. S. Burgess, Moosup, Conn., where he remained several years, until the failing health of his mother and a sister called him home, where he remained the rest of his life. There being no physician here at that time, he soon found himself engaged in a large practice. As a physician he had few superiors in this section, being very careful, and having good judgment he became very successful. His opinion, which he gave only after mature deliberation, was valued by all. In his death, the church of which he was a member and one of the deacons received a great loss, he being as long as his health permitted a constant attendant upon public worship. In its prayer-meetings he was very interesting, being quite gifted in talking and praying.

The last three or four years of his life he complained a good deal, sometimes even more than his patients, but continued to ride until January, 1882, when he was confined to the house several weeks, but as the warm, sunny days of spring came on, he was able to be out some, but took no long rides, as it seemed to hurt his back so much. During the summer, symptoms of Bright's disease made their appearance, and after a few months of suffering, especially the last one of his life, he passed away, December 30th.

At his request a post-mortem was held, there being present Drs. T. M. Hills, Griggs, Cotton, and Barstow.

It revealed nothing of very great importance, except in the kidneys, and an enlarged heart, it weighing twenty-two ounces.

DYER HUGHES, M.D., HAMPTON.

By Charles Gardiner, M.D., Hampton.

Dr. Dyer Hughes, the oldest son of Dyer Hughes and Betsey (Durkee) Hughes, was born in Hampton, Nov. 12, 1797. He attended the common schools of his native town, and without other preparation began the study of medicine, under Dr. John Brewster of Hampton. He continued his studies with Dr. W. A. Brewster.

In 1819, he married Anna Kimball of Hampton, who bore him one child, a daughter. This child was born Feb. 7, 1845, and died Nov. 13, 1856.

He practiced one or two years on his own account, and then formed a partnership, in 1820, with Dr. Chas. Moulton, of Hampton. According to the terms of the contract they were to share the expenses equally. Of the profits, Dr. Moulton was to receive thirteen-twentieths, and Dr. Hughes, seven-twentieths. At the end of ten years, Dr. Moulton was to retire permanently from practice. Dr. Hughes fulfilled his part of the contract to the letter. For several years before the partnership expired, Dr. Moulton was incapacitated for work. Dr. Hughes was never a robust man, but by care he was able to do a great deal of work, and to practice acceptably to the people of his native town, for nearly sixty years.

He represented Hampton in the Legislature of 1844, and was Judge of Probate, Town Clerk, Treasurer, and Registrar for nearly thirty years. He was a member of the Congregational church for the greater part of his life.

His manner was kind, genial, and sympathetic, but he was a man of positive convictions and much stability of character. By nature he was fitted for the sick room, and excelled in the care of fevers, and other diseases where good nursing is the most important factor in the treatment. He used few remedies, but he understood

them thoroughly, had unbounded faith in them, and wielded them with a skillful hand. He had very little to do with theorizing or experimenting. As a physician and a man, he was honest, faithful, and of undoubted integrity.

His charges were very small, compared to present rates. A casual glance over his books shows such entries as these: Visit and Medicine, $.17; Visit and Medicine, (six miles drive) $.75; Visit and Medicine, (ten miles drive) $.68; Ext. tooth, $.12; Recording Deeds, $.17; Credit by horse, at .04 per mile, to Vermont, $5.00; Obstetrical case, $3.00. He succeeded in saving a few thousand dollars for his old age. The unpaid accounts on his books amount to $15,000.00. His wife died May 29, 1874, and in 1875, he married Ann Lyon, of Eastford, who survives him. His mind began to fail rapidly about five years ago, and the last three years of his life he was a most melancholy example of senile dementia. He died March 10, 1882, aged 85. His death was due to pulmonary engorgement.

GILBERT HOWARD PRESTON, M.D., TOLLAND.

By S. G. Risley, M.D., Rockville.

The subject of this obituary was born in Eastford, Connecticut, November 14, 1820. He died in Tolland, May 8, 1883. His parents were Reuben and Lucy Preston.

Dr. Preston, after receiving a common-school education, was for some time a member of the Academy in Woodstock, Conn. He was afterwards engaged in teaching during several terms. He read medicine in the office of Dr. Bradford of Woodstock, also in the office of Dr. Stebbins of Eastford, Conn. He attended one course of medical lectures at the Bowdoin Medical College, Maine, and another course at Castleton, Vt., where he graduated. He commenced the practice of medicine at Westford, Conn., in 1845, and remained there two years. He then settled in Tolland, Conn., and in 1848, he married Miss Sarah Cogswell, daughter of the late Harry Cogswell of Tolland.

For the last three or four years of his life, he gave signs of failing health, foreshadowing the disease which terminated in

death. He had organic disease of the brain, which took on a more active form two or three months before his death, failing rapidly during that period.

Dr. Preston was a man of great force of character. His professional history is proof of this; for thirty-six years he has held the medical practice of Tolland, and extended his ride into all the adjoining towns. No man without extra physical endurance and pluck could perform this amount of work in such a "hill country," to the general satisfaction of his patrons, and fair pecuniary return to himself. He was a man of ready perception and judgment, hence his diagnosis of disease was usually correct, and his prescriptions scientific, and appropriate to the case in hand; and by faithfulness and promptness in his care and attention to his patients, his medical practice was crowned with no ordinary success. Genial, courteous, and kind in his manner, he met every one with a smile and pleasant greeting. His intercouse and business dealings were fair and honorable, claiming what was by right his own, at the same time that he cheerfully granted to others what belonged to them.

Always ready by night and by day to obey the summons of the sick, his duties were severe and wearing, which accounts for his comparatively early breaking down, as he belonged to a long-lived race (his father being yet alive).

He believed in the regular medical organizations of the State. He was clerk of the Tolland County Medical Society during his entire residence in Tolland, carrying the same faithful and energetic work into its affairs that characterized him in all his daily life; so that this society, though small, is not behind in merit by comparison with other county societies. With very few exceptions, he always attended the annual medical conventions of the State, either as Fellow or as visitor, or one interested in the deliberations and papers. In this and in other ways he became extensively acquainted with leading gentlemen of the profession. With a fair medical library, and access to the medical journals of the day, he was well informed in medical literature, and abreast of the profession in modern improvements and practice.

He was appointed during the late war by the Surgeon General as examiner of military men claiming exemption from draft by reason of disability, in which he has a good record.

Dr. Preston's intercourse with the members of the profession

was strictly fair and honorable, whether meeting in convention or by the bedside of the patient in consultation. No undue advantage would be taken of any one, and no taint of charlatanism is in any part of his history. Thus his professional life was eminently educating to the community, creating a desirable field for his successor. As a husband, father, and friend, there could be no superior,—faithful, kind, and self-denying, he created a happy home, and by his thrift and attention to business, has left an example worthy of a grateful memory, whose influence will be felt when his name shall have faded from the tomb-stone which shall mark the place where his body was laid. The lives of the virtuous and the just must have their influence upon the generations that follow. Such a life says to us in no doubtful language:

—"sustained and soothed
By an unfaltering trust, approach thy grave
Like one who wraps the drapery of his couch
About him, and lies down to pleasant dreams."

MEMBERS OF THE SOCIETY.

HONORARY MEMBERS.

WILLARD PARKER,	New York City.
J. MARION SIMS,	New York City.
FRANK H. HAMILTON,	New York City.
O. WENDELL HOLMES,	Boston, Mass.
JOSEPH SARGENT,	Worcester, Mass.
GEORGE CHANDLER,	Worcester, Mass.
GILMAN KIMBALL,	Lowell, Mass.
FORDYCE BARKER,	New York City.
JOHN G. ADAMS,	New York City.
JARED LINSLY,	New York City.
A. J. FULLER,	Bath, Me.
S. H. PENNINGTON,	Newark, N. J.
THOMAS C. FINNELL,	New York City.
N. C. HUSTED,	New York City.
J. P. WHITTEMORE,	Chester, N. H.
ARTHUR WARD,	Belleville, N. J.
E. K. WEBSTER,	Boscawen, N. H.
P. A. STACKPOLE,	Dover, N. H.
S. L. F. SIMPSON,	Concord, N. H.
A. T. WOODWARD,	Brandon, Vt.
WM. McCOLLOM,	Brooklyn, N. Y.
J. C. HUTCHINSON,	Brooklyn, N. Y.
BENJ. E. COTTING,	Boston, Mass.
HENRY I. BOWDITCH,	Boston, Mass.
SAMUEL T. HUBBARD,	New York City.
GEO. F. HORTON,	Terrytown, Pa.
A. N. BELL,	New York City.
E. C. SEGUIN,	New York City.
PLINY EARLE,	Northampton, Mass.
J. S. BILLINGS, U. S. A.,	Washington, D. C.

PROPOSED FOR HONORARY MEMBERSHIP.

JAMES E. REEVES,	Wheeling, W. Va.
T. F. EMMETT,	New York City.

ORDINARY MEMBERS.

The names of those who have been Presidents are in Capitals.

HARTFORD COUNTY.

G. F. LEWIS, M.D., of Collinsville, President.

JAS. CAMPBELL, Jr., M.D., of Hartford, Clerk.

County Reporter—M. M. JOHNSON, M.D., of Hartford.

Censors—M. STORRS, M.D., P. M. HASTINGS, M.D., N. MAYER, M.D.

HARTFORD, G. W. RUSSELL, * David Crary,* P. W. Ellsworth,* E. K. HUNT,* J. S. Butler,* A. W. BARROWS,* P. M. Hastings,* Henry P. Stearns, Irving W. Lyon, Melancthon Storrs, Horace S. Fuller, John O'Flaherty, Nathan Mayer, Wm. M. Hudson, George C. Jarvis, W. A. M. Wainwright, David Crary, Jr., J. B. Lewis, D. T. Bromley, George P. Davis, C. W. Chamberlain, Jas. Campbell, G. W. Avery, Eli Warner, C. E. Frœlich, John Dwyer, Harmon G. Howe, Joseph A. Coogan, W. T. Bacon, W. W. Knight, R. H. Tiffany,* C. W. Page, T. D. Crothers, Geo. L. Parmele, Ellen F. H. Gladwin, S. B. St. John, Geo. R. Shepherd, F. S. Crossfield, G. B. Packard, J. A. Stevens, M. M. Johnson, Wm. D. Morgan, J. F. Axtelle, Noah Cressy, Wm. J. Lewis, H. S. Trigg, G. K. Welch, P. H. Ingalls, Charles A. Fox, A. Abrams, E. K. Root, L. A. Davison, John Howard.

BERLIN, E. Brandegee, E. H. Mead.

BLOOMFIELD, Henry Gray.

BRISTOL, Henry E. Way.

BROADBROOK, H. O. Allen.

CANTON, Collinsville, G. F. Lewis, G. R. Roberts.

EAST HARTFORD, S. L. Childs,* L. W. McIntosh,* S. B. Newton, E. J. McKnight.

Burnside, Geo. E. Markham.

EAST WINDSOR HILL, Sidney W. Rockwell,* William Wood.*

ENFIELD, Thompsonville, Edward F. Parsons, Rial L. Strickland,* Geo. T. Finch.

FARMINGTON, Frank Wheeler, Chas. Carrington.

Unionville, W. W. Horton.

PLAINVILLE, T. G. Wright, J. N. Bull.

GRANBY (North), G. W. Edwards.

GLASTONBURY, H. C. Bunce, J. E. Griswold.

MANCHESTER (North), R. M. Griswold, F. H. Whiton.

South Manchester, J. N. Parker, W. R. Tinker.

NEW BRITAIN, B. N. Comings,* S. W. Hart, Geo. Clary, E. B. Lyon, J. S. Stone, Erastus P. Swasey, M. J. Coholan, G. J. Holmes, R. E. Ensign.

ROCKY HILL, R. W. Griswold.

SIMSBURY, G. W. Sanford,* R. A. White,* Arnold Eberg.

SOUTHINGTON, I. P. Fiske, G. W. Steadman.

SUFFIELD, J. K. Mason, William H. Mather.

WEST HARTFORD, F. J. Smith.

WETHERSFIELD, A. S. Warner,* Roswell Fox.

WINDSOR, S. A. Wilson, Newton S. Bell.

WINDSOR LOCKS, S. R. Burnap.

—105

* Over sixty years of age.

NEW HAVEN COUNTY.

M. N. CHAMBERLIN, M.D., of Cheshire, President.

R. B. GOODYEAR, M.D., of North Haven, Vice-President.

CHARLES E. PARK, M.D., of New Haven, Clerk.

County Reporter—J. F. C. FOSTER, M.D., of New Haven.

Censors—W. R. BARTLETT, M.D., H. A. CARRINGTON, M.D., M. N. CHAMBERLIN, M.D.

NEW HAVEN, E. H. Bishop,* Levi Ives,* P. A. JEWETT,* David L. Daggett, David A. Tyler,* HENRY BRONSON,* S. G. Hubbard, C. A. Lindsley, John Nicoll, Moses C. White, H. Pierpont, Leonard J. Sanford, W. B. De-Forest,* F. L. Dibble, T. H. Bishop, Henry A. DuBois,* Francis Bacon, W. L. Bradley, A. E. Winchell, H. A. Carrington, L. M. Gilbert, Robert S. Ives, Evelyn L. Bissell, F. J. Whittemore, Arthur Ruickoldt, Willis G. Alling, Walter R. Bartlett, Walter Judson, D. C. Leavenworth, George B. Farnam, J. F. Lines, Frederick Bellosa, S. H. Chapman, William H. Hotchkiss, J. F. C. Foster, F. O. White, B. S. Lewis, E. L. Thomson, W. H. Carmalt, M. A. Cremin, T. P. Gibbons, T. H. Russell, James J. S. Doherty, F. H. Whittemore, C. P. Lindsley, H. Fleischner, Max Mailhouse, M. C. O'Connor, W. O. Ayres, A. W. Leighton, James Kingsly Thacher, C. G. Surridge, H. A. Oakes, Nathan P. Tyler, Geo. M. Bush, Charles E. Park, F. E. Beckwith, Gustave Elliott, J. E. Stetson, John F. Luby.

Fair Haven, Charles S. Thomson, W. H. Thomson, S. D. Gilbert, Edward K. Roberts.

Westville, J. W. Barker, H. B. Smith.

DERBY, Charles H. Pinney.

Ansonia, Scott R. Baker, Loren T. Day.

Birmingham, Ambrose Beardsley,* G. L. Beardsley, T. B. Jewett, T. J. O'Sullivan.

BRANFORD, C. W. Gaylord, Walter Zink, William W. Hawkes.

CHESHIRE, M. N. Chamberlin, E. T. Cornwall.

GUILFORD, Alvan Talcott.

HAMDEN, E. D. Swift, O. F. Treadwell,† E. E. Swift, F. W. Wright.

MADISON, D. M. Webb.*

MERIDEN (West), Asa H. Churchill, C. H. S. Davis, N. Nickerson, A. W. Tracy, E. M. Child, E. T. Bradstreet, Anna J. Ferris, J. D. Eggleston, C. H. Howland, Willard Wolcott, Henry Doutteil.

MILFORD, Hull Allen,* Wm. H. Andrews, E. B. Heady.

NAUGATUCK, A. E. May.

NORTH HAVEN, R. B. Goodyear.

ORANGE, West Haven, John F. Barnett.

OXFORD, Lewis Barnes.

SEYMOUR, Thomas Stoddard,* S. C. Johnson,* Joshua Kendall.*

SOUTHBURY, A. B. Burritt.*

South Britain, N. C. Baldwin.

WALLINGFORD, Nehemiah Banks,* B. E. Harrison,* H. Davis, J. D. McGaughey, C. H. Atwater, Wm. S. Russell.

WATERBURY, G. L. PLATT,* Alfred North, Edward L. Griggs, H. E. Castle, E. W. McDonald, J. J. M. Neville, Walter H. Holmes, Walter L. Barber, C. W. S. Frost, F. P. Esterly, William C. Holmes, F. M. Cannon, Charles H. French, James Ramsey, Charles S. Rodman. —129

* Over sixty years of age.

† P. O. New Haven.

NEW LONDON COUNTY.

E. C. KINNEY, M.D., of Norwich, President.

A. Peck, M.D., of Norwich, Clerk.

Censors—I. G. Porter, M.D., L. S. Paddock, M.D.

County Reporter—W. H. Dudley, M.D., of Norwich.

New London, ISAAC G. PORTER,* Robert A. Manwaring,* A. W. Nelson, F. N. Braman, J. G. Stanton, A. T. Douglass.

Franklin, ASHBEL WOODWARD.*

Griswold, George H. Jennings.

Groton, Mystic River, John Gray.

Lebanon, W. P. Barber.

Montville, William M. Burchard.

Mystic, Albert T. Chapman.

Mystic Bridge, E. Frank Coates, Frank A. Coates.

Norwich, Elisha Phinney,* Lewis S. Paddock, CHAS. M. CARLETON, Wm. S. C. Perkins, Patrick Cassidy, E. C. Kinney, S. L. Sprague, L. B. Almy, A. Peck, W. H. Mason, E. P. Brewer, W. H. Dudley, H. P. Smith, Remus Robinson.

Greeneville, William Witter, Julian La Pierre.

Old Lyme, George W. Harris, E. D. Griffin.

East Lyme, Elisha Munger.

Stonington, Charles E. Brayton, George D. Stanton. —35

FAIRFIELD COUNTY.

GEO. L. PORTER, M.D., of Bridgeport, President.

J. J. Berry, M.D., of South Norwalk, Clerk.

Censors—W. A. Lockwood, M.D., C. H. Bill, M.D., G. F. Lewis, M.D.

County Reporter—W. A. Lockwood, M.D., of Norwalk.

Bridgeport, BOBERT HUBBARD, Andrew J. Smith, Augustus H. Abernethy, Geo. F. Lewis, Jas. R. Cummings, George L. Porter, Robert Lauder, Francis J. Young, Curtis H. Bill, N. E. Wordin, G. M. Teeple, Chas. W. Sheffry, F. M. Wilson, T. F. Martin, W. H. Bunnell, F. B. Downs, B. W. Munson, Mary J. Rising, W. C. Bowers, F. A. Rice, J. D. Bragg, J. W. Wright, A. W. Lyons, S. T. DeLaMater, W. A. DeForest, W. H. Donaldson.

Bethel, A. E. Barber.

Brookfield, A. L. Williams.*

Danbury, James Baldwin,* Wm. C. Bennett, F. P. Clark, A. T. Clason, William F. Lacey, A. E. Adams.

Darien, Samuel Sands,* R. L. Bohannan.

Monroe, D. A. Richardson.

New Canaan, WM. G. BROWNSON, Willis Cummings.

Greenfield Hill, M. V. B. Dunham.

Fairfield, S. M. Garlick.

Norwalk, James G. Gregory, W. A. Lockwood, Jno. C. Kendall, Robert Nolan, E. C. Clarke, Geo. W. Benedict.

South Norwalk, R. L. Higgins, W. C. Burke, Jr., J. J. Berry.

Ridgefield, O. S. Hickok, Wm. S. Todd.

Reading, M. H. Wakeman.

Southport, C. H. Osborne.

Stratford, Edward D. Nooney.

Stamford, H. P. Geib, Henry Hungerford, A. M. Hurlburt.

Stepney, Seth Hill.

Weston, F. Gorham.

Westport, George B. Bouton, F. Powers.

Huntington, Gould A. Shelton.

Sandy Hook, Wm. C. Wile.

Wilton, S. H. Huntington, A. B. Gorham.

—67

* Over sixty years of age.

WINDHAM COUNTY.

JOHN WITTER, M.D., of Putnam, President.

R. ROBINSON, M.D., of Danielsonville, Clerk.

Censors—S. HUTCHINS, M.D., T. M. HILLS, M.D., LOWELL HOLBROOK, M.D.

County Reporter—C. J. FOX, M.D., of Willimantic.

ASHFORD, John H. Simmons.*
HAMPTON, C. Gardiner.
KILLINGLY, Ashael E. Darling, Henry F. Hammond.
Danielsonville, Samuel Hutchins,* R. Robinson, Thomas Graves, Nathaniel Hibbard.
East Killingly, Edwin A. Hill.
PLAINFIELD, Moosup, William A. Lewis.
Central Village, Chas. H. Rogers,* E. H. Davis.
POMFRET, Frederick G. Sawtelle.
PUTNAM, H. W. Hough,* John Witter, John B. Kent, Omer LaRue, F. X. Barolet, Warren W. Foster.
THOMPSON, LOWELL HOLBROOK, E. T. Morse, H. M. Bracken.
Grosvenordale, A. A. Latour.
East Woodstock, Frank N. Olin.
West Woodstock, A. S. Leonard.
WINDHAM, Casper Barstow.
Willimantic, Fred. Rogers, T. Morton Hills, O. B. Griggs, C. J. Fox, Farnam O. Bennett, John Cotton.

—32

LITCHFIELD COUNTY.

WILLIS J. BEACH, M.D., of Litchfield, President.

H. E. GATES, M.D., of Litchfield, Vice-President.

J. J. NEWCOMB, M.D., of Litchfield, Clerk.

Censors—J. W. BIDWELL, M.D., L. H. WOOD, M.D., ORLANDO BROWN, M.D.

County Reporter—J. H. NORTH, M.D., Goshen.

LITCHFIELD, H. W. BUEL,* H. E. Gates, W. J. Beach, J. J. Newcomb.
Northfield, C. L. Blake.
CANAAN, C. W. Camp.
West Cornwall, Edward Sanford.
Gaylordsville, Charles F. Couch.
GOSHEN, J. H. North.
HARWINTON, Terryville, W. S. Swett.
NEW HARTFORD, Jerry Burwell.
NORFOLK, Wm. W. Welch,* J. H. Stevens.
THOMASTON, Wm. Woodruff,* Ralph S. Goodwin.
ROXBURY, Myron Downs.*
LAKEVILLE, W. Bissell, R. P. Knight.
SHARON, William W. Knight.
Wolcottville, T. S. Hanchett, L. H. Wood.
WARREN, John B. Derrickson.
WASHINGTON, Orlando Brown.
New Preston, R. A. Marcy.
WATERTOWN, W. S. Munger.
WINCHESTER, West Winsted, James Welch,* John W. Bidwell.
WOODBURY, Harmon W. Shove, L. G. Ketchum.

—29

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* Over sixty years of age.

MIDDLESEX COUNTY.

A. B. WORTHINGTON, M.D., of Middle Haddam, President.

J. FRANK CALEF, M.D., of Cromwell, Clerk.

Censors—S. W. TURNER, M.D., GEO. W. BURKE, M.D., E. B. NYE, M.D.

County Reporter—R. W. MATTHEWSON, M.D., Durham.

MIDDLETOWN, ELISHA B. NYE,* Geo. W. Burke,* Rufus Baker,* F. D. Edgerton, Abraham M. Shew, Jos. W. Alsop, Jr., Daniel A. Cleaveland, John Morgan, Jas. Olmstead, Wm. E. Fisher, C. E. Stanley, P. V. Burnet, J. N. Kenister.
CHATHAM, Middle Haddam, Albert B. Worthington.*
East Hampton, Albert Field.
CHESTER, Sylvester W. Turner.*
CROMWELL, Winthrop B. Hallock, J. Francis Calef.
DURHAM, R. W. Mathewson.*
ESSEX, Alanson A. Hough,* Charles H. Hubbard.
HADDAM, Miner C. Hazen, Selden C. Noyes.
Moodus, Wallace M. Knowlton.
OLD SAYBROOK, J. H. Granniss.
PORTLAND, C. A. Sears, Cornelius E. Hammond.
SAYBROOK, Deep River, Edwin Bidwell.*
WESTBROOK, G. C. H. Gilbert,* T. B. Bloomfield. —31

TOLLAND COUNTY.

M. B. BENNETT, M.D., of Coventry, President.

WILLIAM H. CLARK, M.D., of Tolland, Clerk.

Censors—WM. N. CLARK, M.D., S. G. RISLEY, M.D., F. L. SMITH, M.D.

County Reporter—S. G. RISLEY, M.D.

TOLLAND, William H. Clark.
BOLTON, CHAS. F. SUMNER.*
COVENTRY, Maurice B. Bennett.
South Coventry, Henry S. Dean, E. P. Flint.
ELLINGTON, J. A. Warren.
MANSFIELD DEPOT, F. E. Johnson.
STAFFORD, Wm. N. Clark.*
Stafford Springs, C. B. Newton, F. L. Smith.
UNION, Wm. Howard.
VERNON, Vernon Depot, A. R. GOODRICH.*
Rockville, Stephen G. Risley,* Francis L. Dickinson,* Frederick Gilnack, E. K. Leonard, T. M. Rockwell.
WILLINGTON, Wm. L. Kelsey. —18

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*Over sixty years of age.

ALPHABETICAL LIST

OF THE

MEMBERS OF THE CONNECTICUT MEDICAL SOCIETY,

With Date and Place of Graduation, and Post-office Address.

Names.	Place and Date of Graduation.	P. O. Address.
Abernethy, Augustus H.,	Yale, 1864,	Bridgeport.
Abrams, A.,	Albany, 1881,	Hartford.
Adams, A. E.,	Coll. Phys. and Surg., 1880,	Danbury.
Allen, H. C.,	Univ. N. Y., 1879,	Broadbrook.
Allen, Hull,	Univ. N. Y., 1821,	Milford.
Alling, W. G.,	Yale, 1870,	New Haven.
Almy, L. B.,	Bellevue, N. Y., 1876,	Norwich.
Alsop, J. W., Jr.,	Univ. N. Y., 1864,	Middletown.
Atwater, C. H.,	Coll. Phys. and Surg., 1871,	Wallingford.
Andrews, Wm. H.,	Bellevue, N. Y., 1873,	Milford.
Avery, Geo. W.,	Yale, 1861,	Hartford.
Axtelle, J. F.,	L. I. Hosp. Coll., 1877,	Hartford.
Ayres, W. O.,	Yale, 1854,	New Haven.
Bacon, Francis,	Yale, 1853,	New Haven.
Bacon, Wm. T.,	Univ. N. Y., 1871,	Hartford.
Baker, Rufus,	Columbia Coll., D. C., 1844,	Middletown.
Baker, Scott R.,	Yale, 1879,	Ansonia.
Baldwin, James,	Yale, 1825,	Danbury.
Baldwin, N. C.,	Yale, 1837,	South Britain.
Banks, Nehemiah,	Yale, 1844,	Wallingford.
Barber, W. L.,	Bellevue, 1873,	Waterbury.
Barber, W. P.,	Dartmouth, N. H., 1870,	Lebanon.
Barber, A. E.,	Berkshire, Mass., 1854,	Bethel.
Barker, J. W.,	Yale, 1860,	Westville.
Barnes, Lewis,	Univ. Buffalo, N. Y., 1851,	Oxford.
Barnett, J. F.,	Yale, 1869,	West Haven.
Barolet, F. X.,	Victoria, Montreal, 1860,	Putnam.
Barrows, A. W.,	Yale, 1841,	Hartford.
Barstow, Caspar,	Burlington, Vt., 1878,	Windham.
Bartlett, W. R.,	Yale, 1871,	New Haven.
Beach, W. J.,	Coll. Phys. and Surg., 1867,	Litchfield.
Beardsley, A.,	Berkshire, 1834,	Birmingham.
Beardsley, G. L.,	Bellevue, N. Y., 1873,	Birmingham.
Beckwith, F. E.,	Coll. Phys. and Surg., 1871,	New Haven.
Belden, C. O.,	Coll. Phys. and Surg., 1883,	Litchfield.
Bell, Newton S.,	Burlington, Vt., 1864,	Windsor.

Names.	Place and Date of Graduation.	P. O. Address.
Belosa, F.,	Yale, 1872,	New Haven.
Benedict, Geo. W.,	Coll. Phys. and Surg., 1879,	Norwalk.
Bennett, F. O.,	Berkshire, 1859,	Willimantic.
Bennett, M. B.,	Berkshire, 1863,	Coventry.
Bennett, W. C.,	Coll. Phys. and Surg., 1860,	Danbury.
Berry, J. J.,	Univ. N. Y., 1878,	South Norwalk.
Bidwell, Edwin,	Yale, 1847,	Deep River.
Bidwell, John W.,	Berkshire, 1846,	West Winsted.
Bill, Curtis H.,	Univ. N. Y., 1859,	Bridgeport.
Bishop, E. H.,	Yale, 1829,	New Haven.
Bishop, T. H.,	Yale, 1860,	New Haven.
Bissell, E. L.,	Yale, 1860,	New Haven.
Bissell, William,	Yale, 1856,	Lakeville.
Blake, C. L.,	Yale, 1875,	Northfield.
Bloomfield, T. B.,	Coll. Phys. and Surg., 1876,	Westbrook.
Bohannan, R. L.,	Univ. N. Y., 1874,	Darien.
Bouton, Geo. B.,	Yale, 1856,	Westport.
Bowen, W. C.,	Coll. Phys. and Surg., 1877,	Bridgeport.
Bracken, H. M.,	Coll. Phys. and Surg., 1877, / L. R. C. S., Edinburg, 1879,	Thompson.
Bradstreet, E. T.,	Coll. Phys. and Surg., 1877,	Meriden.
Bradley, W. L.,	Yale, 1864,	New Haven.
Bragg, James D.,	Albany, 1867,	Bridgeport.
Braman, F. N.,	Bellevue, 1866,	New London.
Brandagee, E.,	Yale, 1838,	Berlin.
Brayton, Charles N.,	Coll. Phys. and Surg., 1873,	Stonington.
Brewer, E. P.,	Dartmouth, 1878,	Norwich.
Bromley, Daniel T.,	Yale, 1867,	Hartford.
Bronson, Henry,	Yale, 1827,	New Haven.
Brown, Francis W.,	Univ. N. Y., 1877,	Woodbury.
Brown, Orlando,	Yale, 1851,	Washington.
Brownson, Wm. G.,	Coll. Phys. and Surg., 1863,	New Canaan.
Buel, Henry W.,	Coll. Phys. and Surg., 1847,	Litchfield.
Buel, Virgil,	L. I. Coll. Hosp., 1871,	Harwinton.
Bugbee, L. F.,	Coll. Phys. and Surg., 1866,	Willimantic.
Bull, J. N.,	Coll. Phys. and Surg., 1878,	Plainville.
Bunce, H. C.,	Yale, 1850,	Glastonbury.
Bunnell, W. H.,	Coll. Phys. and Surg., 1879,	Bridgeport.
Burchard, Wm. M.,	Georgetown, D. C., 1866,	Uncasville.
Burke, Geo. W.,	Yale, 1843,	Middletown.
Burke, Wm. C., Jr.,	L. I. Coll. Hosp., 1875,	South Norwalk.
Burnap, S. R.,	Coll. Phys. and Surg., 1862,	Windsor Locks.
Burnett, P. V.,	Univ. N. Y., 1876,	Middletown.
Burritt, A. B.,	Yale, 1832,	Southbury.
Burwell, Jerry,	Berkshire, 1839,	New Hartford.
Bush, Geo. M.,	Yale, 1881,	New Haven.
Butler, John S.,	Jefferson, Pa., 1828,	Hartford.
Calef, J. F.,	Yale, 1880,	Cromwell.
Camp, C. W.,	Univ. N. Y., 1874,	Canaan.
Campbell, Jas., Jr.,	Univ. Vermont, 1871,	Hartford.
Cannon, F. M.,	Univ. N. Y., 1867,	Waterbury.
Carleton, Charles M.,	Harvard, 1861,	Norwich.
Carmalt, W. H.,	Coll. Phys. and Surg., 1861,	New Haven.
Carrington, Charles,	Coll. Phys. and Surg., 1848,	Farmington.
Carrington, Henry A.,	Harvard, 1848,	New Haven.
Cassidy, Patrick,	Univ. Vermont,	Norwich.
Castle, H. E.,	Yale, 1870,	Waterbury.

Name.	Place and Date of Graduation.	P. O. Address.
Chamberlain, C. W.,	Coll. Phys. and Surg., 1871,	Hartford.
Chamberlin, M. N.,	Yale, 1866,	Cheshire.
Chapman, A. F.,	Coll. Phys. and Surg., 1864,	Mystic.
Chapman, S. W.,	Coll. Phys. and Surg., 1869,	New Haven.
Child, E. M.,	Univ. N. Y., 1877,	Meriden.
Childs, Seth L.,	Woodstock, Vt., 1835,	East Hartford.
Churchill, Asa H.,	Yale, 1857,	Meriden.
Clarke, E. C.,	Univ. Vermont, 1860,	Norwalk.
Clark, F. P.,	Coll. Phys. and Surg., 1876,	Danbury.
Clark, William H.,	Univ. N. Y., 1882,	Tolland.
Clark, Wm. N.,	Yale, 1830,	Stafford.
Clason, A. F.,	Univ. N. Y., 1875,	Danbury.
Clary, George,	Yale, 1857,	New Britain.
Cleaveland, D. A.,	Bowdoin, Me., 1856,	Middletown.
Coates, E. F.,	Yale, 1843,	Mystic Bridge.
Coates, Frank A.,	Coll. Phys. and Surg., 1875,	Mystic Bridge.
Coholan, M. J.,	Univ. N. Y., 1865,	New Britain.
Comings, B. N.,	Castleton, Vt., 1845,	New Britain.
Coogan, Joseph A.,	Bellevue, N. Y., 1876,	Hartford.
Cornwall, E. T.,	Coll. Phys. and Surg., 1881,	Cheshire.
Cotton, John,	Harvard,	Willimantic.
Couch, Charles F.,	Berkshire, 1863,	Gaylordsville.
Crary, David,	Castleton, 1834,	Hartford.
Crary, David, Jr.,	Yale, 1869,	Hartford.
Cremin, M. A.,	Coll. Phys. and Surg., 1874,	New Haven.
Cressy, Noah,	Berkshire, 1862,	Hartford.
Crossfield, F. S.,	Bellevue, 1878,	Hartford.
Crothers, T. D.,	Albany, 1865,	Hartford.
Cummings, Jas. R.,	Coll. Phys. and Surg., 1862,	Bridgeport.
Cummings, Willis,	Univ. N. Y., 1882,	New Canaan.
Daggett, David S.,	Yale, 1843,	New Haven.
Darling, A. E.,	Harvard, 1872,	Killingly.
Davis, C. H. S.,	Univ. N. Y., 1865,	Meriden.
Davis, E. H.,	Burlington, N. J., 1872,	Central Village.
Davis, G. P.,	Coll. Phys. and Surg., 1869,	Hartford.
Davis, H.,	Yale, 1855,	Wallingford.
Davison, L. A.,	Univ. N. Y., 1882,	Hartford.
Day, L. T.,	Yale, 1880,	Ansonia.
DeForest, W. A.,	Univ. N. Y., 1869,	Bridgeport.
DeForrest, Wm. B.,	Yale, 1840,	New Haven.
Dean, H. S.,	Jefferson, 1852,	South Coventry.
DeLamater, S. F.,	Albany, 1880,	Bridgeport.
Deming, Ralph,	Yale, 1857,	Sharon.
Derrickson, John B.,	Jefferson, 1850,	Warren.
Dibble, Frederick L.,	Yale, 1858,	New Haven.
Dickinson, F. S.,	Yale, 1840,	Rockville.
Doherty, J. J. S.,	Univ. N. Y., 1874,	New Haven.
Donaldson, W. H.,	Univ. N. Y., 1881,	Bridgeport.
Douglass, A. T.,	Univ. N. Y., 1849,	New London.
Doutteil, Henry,	Yale, 1879,	Meriden.
Downs, F. B.,	Coll. Phys. and Surg., 1878,	Bridgeport.
Downs, Myron,	Yale, 1838,	Roxbury.
Dubois, Henry A.,	Coll. Phys. and Surg., 1830,	New Haven.
Dudley, W. H.,	Univ. N. Y., 1882,	Norwich.
Dunham, M. V. B.,	Harvard, 1867,	Greenfield Hill.
Dwyer, John,	Univ. N. Y., 1871,	Hartford.

Name.	Place and Date of Graduation.	P. O. Address.
Eberg, Arnold,	Dartmouth, 1879,	Simsbury.
Edgerton, Francis D.,	Coll. Phys. and Surg., 1864,	Middletown.
Edwards, G. W.,	Univ. N. Y., 1862,	Granby.
Eggleston, J. D.,	Coll. Phys. and Surg., 1879,	Meriden.
Elliot, Gustave,	Coll. Phys. and Surg., 1880,	New Haven.
Ellsworth, P. W.,	Coll. Phys. and Surg., 1839,	Hartford.
Ensign, R. E.,	Albany, 1858,	New Britain.
Esterly, F. P.,	Univ. Mich., 1872,	Waterbury.
Farnham, Geo. B.,	Yale, 1869,	New Haven.
Ferguson, Geo. D.,	Univ. N. Y., 1879,	Meriden.
Ferris, Anna J.,	Women's Med. Coll. Pa., '74,	Meriden.
Field, Albert,	L. I. Coll. Hosp., 1867,	East Hampton.
Finch, Geo. T.,	Bellevue, N. Y., 1877,	Thompsonville.
Fisher, Wm. E.,	Univ. Pa., 1876,	Middletown.
Fiske, J. P.,	Univ. N. Y., 1875,	Southington.
Fleischner, Henry,	Yale, 1878,	New Haven.
Flint, E. P.,	Yale, 1879,	South Coventry.
Foster, J. F. C.,	Yale, 1875,	New Haven.
Fox, Charles A.,	Coll. Phys. and Surg., 1881,	Hartford.
Fox, Charles J.,	Univ. N. Y., 1876,	Willimantic.
Fox, Roswell,	Univ. N. Y., 1847,	Wethersfield.
French, Charles H.,	Bellevue, 1889,	Waterbury.
Froelich, C. E.,	Copenhagen, 1870,	Hartford.
Frost, C. W. S.,	Coll. Phys. and Surg., 1880,	Waterbury.
Fuller, Horace S.,	Coll. Phys. and Surg., 1865,	Hartford.
Gardner, Charles,	Jefferson, 1880,	Hampton.
Garlick, S. M.,	Harvard, 1877,	Fairfield.
Gates, H. E.,	L. I. Coll. Hosp., 1861,	Litchfield.
Gaylord, C. W.,	Yale, 1872,	Branford.
Geib, H. P.,	Bellevue, 1869,	Stamford.
Gibbons, T. P.,	Jefferson, 1857,	New Haven.
Gilbert, G. C. H.,	Yale, 1844,	Westbrook.
Gilbert, S. D.,	Yale, 1871,	Fair Haven.
Gilnack, F.,	Coll. Phys. and Surg., 1867,	Rockville.
Gladwin, Ellen F. H.,	Women's Med. Coll., N. Y., Infirmary, 1872,	Hartford.
Goodrich, A. R.,	Berkshire, 1846,	Vernon.
Goodwin, R. S.,	Coll. Phys. and Surg., 1866,	Thomaston.
Goodyear, R. B.,	Yale, 1868,	North Haven.
Gorham, A. B.,	Yale, 1879,	Wilton.
Gorham, F.,	Yale, 1876,	Weston.
Grannis, John H.,	Yale, 1868,	Old Saybrook.
Graves, Thomas,	Harvard, 1870,	Danielsonville.
Gray, Henry,	Dartmouth, 1847,	Bloomfield.
Gray, John,	Yale, 1863,	Mystic River.
Gregory, James G.,	Coll. Phys. and Surg., 1868,	Norwalk.
Griffin, E. D.,	Coll. Phys. and Surg., 1865,	Old Lyme.
Griggs, E. L.,	L. I. Coll. Hosp., 1864,	Waterbury.
Griggs, O. B.,	Univ. N. Y., 1847,	Willimantic.
Griswold, J. E.,	Univ. N. Y., 1878,	Glastonbury.
Griswold, R. M.,	Univ. N. Y., 1875,	North Manchester.
Griswold, R. W.,	Coll. Phys. and Surg., 1854,	Rocky Hill.
Halleck, Winthrop B.,	L. I. Coll. Hosp., 1864,	Cromwell.
Hammond, C. E.,	Univ., N. Y.,	Portland.
Hammond, Henry F.,	Harvard, 1866,	Killingly.

Name.	Place and Date of Graduation.	P. O. Address.
Hanchett, T. S.,	Bellevue, N. Y., 1864,	Wolcottville.
Harris, G. W.,	Coll. Phys. and Surg., 1857,	Old Lyme.
Harrison, B. F.,	Yale, 1836,	Wallingford.
Hart, S. W.,	Yale, 1855,	New Britain.
Hastings, P. M.,	Coll. Phys. and Surg., 1842,	Hartford.
Hawks, Wm. W.,	Yale, 1881,	Branford.
Hazen, M. C.,	Univ. Michigan, 1855,	Haddam.
Heady, E. B.,	Yale, 1872,	Milford.
Heaney, A. G.,	L. I. Med. Hosp. Coll., 1876,	Thomaston.
Hibbard, Nathaniel,	Harvard, 1882,	Danielsonville.
Hickok, O. S.,	Berkshire, 1854,	Ridgefield.
Higgins, R. L.,	Bellevue, 1867,	South Norwalk.
Hill, E. A.,	Harvard, 1850,	East Killingly.
Hills, T. M.,	Yale, 1863,	Willimantic.
Hill, Seth,	Yale, 1866,	Stepney.
Holmes, George J.,	Albany, 1882,	New Britain.
Holmes, Wm. C.,	Coll. Phys. and Surg., 1880,	Waterbury.
Holmes, W. H.,	Harvard, 1879,	Waterbury.
Holbrook, Lowell,	Univ. N. Y., 1848,	Thompson.
Horton, W. W.,	Univ. N. Y., 1878,	Unionville.
Hotchkiss, W. H.,	Yale, 1872,	New Haven.
Hough, A. H.,	Yale, 1832,	Essex.
Hough, H. W.,	Yale, 1836,	Putnam.
Howard, John,	Dartmouth, 1881,	Hartford.
Howard, Wm.,	Yale, 1875,	Union.
Howe, H. G.,	Coll. Phys. and Surg., 1875,	Hartford.
Howland, C. H.,	Yale, 1880,	Meriden.
Hubbard, C. H.,	Yale, 1860,	Essex.
Hubbard, Robert,	Yale, 1851,	Bridgeport.
Hubbard, Stephen G.,	Dartmouth, 1843,	New Haven.
Hudson, Wm. M.,	Jefferson, 1855,	Hartford.
Hungerford, Henry,	Coll. Phys. and Surg., 1880,	Stamford.
Hunt, E. K.,	Jefferson, 1828,	Hartford.
Huntington, S. H.,	Yale, 1876,	Wilton.
Hurlburt, A. M.,	Coll. Phys. and Surg., 1879,	Stamford.
Hutchins, Samuel,	Harvard, 1841,	Danielsonville.
Ingalls, P. H.,	Coll. Phys. and Surg., 1881,	Hartford.
Ives, Levi,	Yale, 1838,	New Haven.
Ives, Robert S.,	Coll. Phys. and Surg., 1866,	New Haven.
Jarvis, Geo. C.,	Univ. N. Y., 1861,	Hartford.
Jennings, G. H.,	L. I. Coll. Hosp., 1875,	Griswold.
Jewett, P. A.,	Yale, 1839,	New Haven.
Jewett, T. B.,	Yale, 1879,	Birmingham.
Johnson, M. M.,	Univ. N. Y., 1877,	Hartford.
Johnson, S. C.,	Conn. Med. Soc., 1825,	Seymour.
Johnson, F. E.,	Univ. N. Y., 1879,	Mansfield Depot
Judson, Walter,	Coll. Phys. and Surg., 1870,	New Haven.
Judson, W. H.,	Jefferson, 1878,	Wauregan.
Kelsey, Wm. S.,	Jefferson, 1876,	Willington.
Kendall, John C.,	Coll. Phys. and Surg., 1875,	Norwalk.
Kendall, Joshua C.,	Coll. Phys. and Surg., 1875,	Seymour.
Kenister, J. N.,	Harvard, 1872,	Middletown.
Kent, J. B.,	Harvard, 1869,	Putnam.
Ketchum, S. G.,	Univ. Vt., 1880,	Woodbury.
Kinney, E. C.,	N. Y. Med. Coll., 1858,	Norwich.

Name.	Place and Date of Graduation.	P. O. Address.
Knight, R. P.,	Coll. Phys. and Surg., 1880,	Lakeville.
Knight, W. W.,	Berkshire, 1856,	Sharon.
Knight, W. W.,	Univ. N. Y., 1876,	Hartford.
Knowlton, W. M.,	Univ. Vt., 1880,	Moodus.
Lacey, Wm. F.,	Yale, 1844,	Danbury.
Lauder, Robert,	Yale, 1871,	Bridgeport.
LaPierre, Julian,	Bellevue, 1871,	Greeneville.
LaRue, Omer,	Victoria, Montreal, 1871,	Putnam.
Latour, A. A.,	Bishops Coll., Montreal,	Grosvenordale.
Leighton, A. W.,	Yale, 1879,	New Haven.
Leavenworth, D. C.,	Yale, 1865,	New Haven.
Leonard, A. S.,	Coll. Phys. and Surg., 1866,	Woodstock Valley.
Leonard, E. K.,	Conn. Med. Soc., 1866,	Rockville.
Lewis, B. S.,	Harvard, 1875,	New Haven.
Lewis, G. F.,	Yale, 1856,	Bridgeport.
Lewis, G. F.,	Yale, 1864,	Collinsville.
Lewis, John B.,	Univ. N. Y., 1853,	Hartford.
Lewis, Wm. A.,	Harvard, 1851,	Moosup.
Lewis, Wm. J.,	Coll. Phys. and Surg., 1878,	Hartford.
Lindsley, C. A.,	Yale, 1852,	New Haven.
Lindsley, C. P.,	Yale, 1878,	New Haven.
Lines, J. F.,	Yale, 1862,	New Haven.
Lockwood, W. A.,	Coll. Phys. and Surg., 1864,	Norwalk.
Luby, John F.,	Coll. Phys. and Surg., 1878,	New Haven.
Lyon, E. B.,	Berkshire, 1862,	New Britain.
Lyon, Irving W.,	Coll. Phys. and Surg., 1863,	Hartford.
Lyons, A. W.,	Columbus, 1876,	Bridgeport.
Mailhouse, Max,	Yale, 1878,	New Haven.
Manwaring, R. A.,	Yale, 1833,	New London.
Marcy, R. A.,	Univ. N. Y., 1882,	New Preston.
Markham, George E.,	Univ. N. Y., 1882,	Burnside.
Martin, T. F.,	Univ. N. Y.,	Bridgeport.
Mason, J. K.,	Harvard, 1861,	Suffield.
Mason, W. H.,	Buffalo, 1859,	Norwich.
Mather, Wm. H.,	Univ. N. Y.,	Suffield.
Mathewson, R. W.,	Coll. Phys. and Surg., 1835,	Durham.
May, A. E.,	Univ. Vermont, 1879,	Naugatuck.
Mayer, Nathan,	Cincinnati, 1857,	Hartford.
McGaughey, J. D.,	Jefferson, 1870,	Wallingford.
McIntosh, L. W.,	Berkshire,	East Hartford.
McKnight, E. J.,	Coll. Phys. and Surg., 1879,	East Hartford.
McDonald, E. W.,	Univ. N. Y., 1871,	Waterbury.
Mead, E. H.,	Univ. Michigan, 1878,	Berlin.
Miller, W. S.,	Yale, 1879,	South Britain.
Morgan, John,	Yale, 1869,	Middletown.
Morgan, Wm. D.,	Coll. Phys. and Surg., 1877,	Hartford.
Morse, E. T.,	Burlington, 1877,	Thompson.
Munger, Elisha,	Yale, 1875,	East Lyme.
Munger, W. S.,	Yale, 1855,	Watertown.
Munson, B. W.,	Yale, 1869,	Bridgeport.
Nelson, A. W.,	Harvard, 1861,	New London.
Newcomb, J. J.,	Yale, 1875,	Litchfield.
Newton, C. B.,	Yale, 1851,	Stafford Springs.
Newton, S. B.,	Berkshire, 1854,	East Hartford.
Neville, J. J. M.,	Coll. Phys. and Surg., 1876,	Waterbury.

Name.	Place and Date of Graduation.	P. O. Address.
Nickerson, N.,	N. Y. Med. Coll., 1857,	Meriden.
Nicoll, John,	Yale, 1854,	New Haven.
Nolan, Robert,	Univ. Vermont, 1877,	Norwalk.
Nooney, E. D.,	Coll. Phys. and Surg., 1871,	Stratford.
North, Alfred,	Coll. Phys. and Surg., 1861,	Waterbury.
North, J. H.,	L. I. Coll. Hosp., 1873,	Goshen.
Noyes, S. W.,	Univ. Pa., 1868,	Haddam.
Nye, Elisha B.,	Yale, 1838,	Middletown.
Oakes, H. A.,	Coll. Phys. and Surg., 1878,	New Haven.
O'Connor, M. C.,	Coll. Phys. and Surg., 1873,	New Haven.
O'Flaherty, John,	Albany, 1864,	Hartford.
Olin, Frank H.,	Univ. Michigan, 1881,	East Woodstock.
Olmstead, John,	Yale, 1874,	Middletown.
Osborne, C. H.,	Yale, 1876,	Southport.
O'Sullivan, T. J.,	Univ. N. Y., 1874,	Birmingham.
Packard, Geo. B.,	Univ. Vermont, 1874,	Hartford.
Paddock, Lewis S.,	Univ. N. Y., 1854,	Norwich.
Page, C. W.,	Harvard, 1870,	Hartford.
Park, Charles E.,	Yale, 1881,	New Haven.
Parker, J. N.,	Yale, 1877,	South Manchester.
Parmele, Geo. L.,	L. I. Coll. Hosp., 1869,	Hartford.
Parsons, E. F.,	Coll. Phys. and Surg., 1858,	Thompsonville.
Peck, A.,	Univ. N. Y., 1875,	Norwich.
Perkins, W. S. C.,	Coll. Phys. and Surg., 1860,	Norwich.
Phelps, J. W.,	Castleton, Vt., 1846,	Wolcottville.
Phinney, E.,	Yale, 1835,	Norwich.
Pierpont, Henry,	Yale, 1854,	New Haven.
Pinney, Chas. H.,	Coll. Phys. and Surg., 1853,	Derby.
Platt, G. L.,	Yale, 1838,	Waterbury.
Porter, George L.,	Jefferson, 1862,	Bridgeport.
Porter, Isaac G.,	Univ. Pa., 1833,	New London.
Powers, F.,	Coll. Phys. and Surg., 1870,	Westport.
Ramsey, James,	Bellevue, 1879,	Waterbury.
Richardson, D. A.,	Yale, 1880,	Monroe.
Rice, F. A.,	Bellevue, 1874,	Bridgeport.
Rising, Mary J.,	Univ. Michigan, 1876,	Bridgeport.
Risley, S. G.,	Univ. N. Y., 1846,	Rockville.
Roberts, Edward R.,	Yale, 1880,	Fair Haven.
Roberts, G. R.,	Coll. Phys. and Surg., 1878,	Collinsville.
Robinson, Remus,	Coll. Phys. and Surg., Baltimore, 1881,	Norwich.
Robinson, R.,	L. I. Coll. Hosp., 1869,	Danielsonville.
Rockwell, S. W.,	Yale, 1855,	East Windsor Hill.
Rockwell, T. M.,	Univ. N. Y., 1881,	Rockville.
Rodman, Charles S.,	Coll. Phys. and Surg., 1868,	Waterbury.
Rogers, Charles H.,	Yale, 1847,	Central Village.
Rogers, Fred.,	Univ. N. Y., 1863,	Willimantic.
Root, E. K.,	Univ. N. Y., 1879,	Hartford.
Ruickoldt, A.,	Univ. Jena, Austria, 1865,	New Haven.
Russell, Gurdon W.,	Yale, 1837,	Hartford.
Russell, Wm. S.,	Yale, 1880,	Wallingford.
Russell, T. H.,	Yale, 1875,	New Haven.
Sanford, Edward,	N. Y. Med. Coll., 1859,	West Cornwall.
Sanford, George W.,	Berkshire, 1836,	Tariffville.

Name.	Place and Date of Graduation.	P. O. Address.
Sanford, Leonard J.,	Jefferson, 1854,	New Haven.
Sawtelle, Frederick G.,	L. I. Coll. Hosp., 1880,	Pomfret.
Sears, C. A.,	Univ. N. Y., 1862,	Portland.
Sheffrey, C. W.,	Yale, 1874,	Bridgeport.
Shelton, Gould A.,	Yale, 1869,	Huntington.
Shepherd, George R.,	Yale, 1866,	Hartford.
Shew, A. M.,	Jefferson, 1864,	Middletown.
Shove, H. W.,	Yale, 1853,	Woodbury.
Simmons, J. H.,	Univ. N. Y., 1863,	Ashford.
Smith, A. J.,	Coll. Phys. and Surg., 1863,	Bridgeport.
Smith, F. J.,	Yale, 1882,	Hartford.
Smith, H. B.,	Yale, 1876,	Westville.
Smith, H. P.,	Coll. Phys. and Surg.,	Norwich.
Smith, F. S.,	Univ. N. Y., 1875,	Stafford Springs.
Sprague, S. L.,	Harvard, 1850,	Norwich.
Stanley, C. E.,	Univ. Pa., 1876,	Middletown.
Stanton, Geo. D.,	Bellevue, 1865,	Stonington.
Stanton, J. G.,	Bavaria, 1873,	New London.
Steadman, G. W.,	Bellevue, N. Y., 1875,	Southington.
Stearns, Henry P.,	Yale, 1855,	Hartford.
Stetson, J. E.,	Yale, 1881,	New Haven.
Steven, John A.,	Univ. N. Y., 1872,	Hartford.
Stevens, J. H.,	Coll. Phys. and Surg., 1862,	Norfolk.
St. John, S. B.,	Coll. Phys. and Surg., 1870,	Hartford.
Stoddard, Thomas,	Yale, 1836,	Seymour.
Stone, Geo. S.,	Coll. Phys. and Surg., 1865,	New Britain.
Storrs, M.,	Yale, 1853,	Hartford.
Strickland, R. S.,	Albany, 1839,	Enfield.
Sumner, C. F.,	Yale, 1854,	Bolton.
Surridge, Charles G.,	Yale, 1879,	New Haven.
Swett, W. P.,	Univ. Vermont, 1876,	Harwinton.
Swasey, E. P.,	Coll. Phys. and Surg., 1869,	New Britain.
Swift, Edwin E.,	Univ. N. Y., 1880,	Hamden.
Swift, E. D.,	Univ. N. Y., 1849,	Hamden.
Talcott, Alvan,	Yale, 1831,	Guilford.
Teeple, G. M.,	Albany, 1849,	Bridgeport.
Thatcher, James K.,	Yale, 1879,	New Haven.
Thomson, C. S.,	Yale, 1822,	Fair Haven.
Thomson, W. H.,	Yale, 1862,	Fair Haven.
Thomson, E. L.,	Yale, 1874,	New Haven.
Tiffany, R. H.,	Castleton, Vt., 1837,	Hartford.
Tinker, W. R.,	Univ. N. Y., 1880,	South Manchester.
Todd, Wm. S.,	Coll. Phys. and Surg., 1869,	Ridgefield.
Tracy, A. W.,	McGill Univ., Canada, 1873,	Meriden.
Treadwell, O. F.,	Yale, 1865,	New Haven.
Trigg, H. S.,	Univ. Vermont, 1881,	Hartford.
Turner, Sylvester,	Yale, 1842,	Chester.
Tyler, David A.,	Yale, 1844,	New Haven.
Tyler, Nathan P.,	Yale, 1879,	New Haven.
Wainwright, W. A. M.,	Coll. Phys. and Surg., 1867,	Hartford.
Wakeman, M. H.,	Yale, 1854,	Redding.
Warner, Eli,	Coll. Phys. and Surg., 1867,	Hartford.
Warner, A. S.,	Dartmouth, 1847,	Wethersfield.
Warren, J. A.,	Coll. Phys. and Surg., 1860,	Ellington.
Warren, W. Foster,	Harvard, 1882,	Putnam.
Way, Henry E.,	Univ. N. Y., 1849,	Bristol.

Name.	Place and Date of Graduation.	P. O. Address.
Webb, D. M.,	Yale, 1849,	Madison.
Welch, Geo. K.,	Coll. Phys. and Surg., 1878,	Hartford.
Welch, James,	Berkshire, 1831,	West Winsted.
Welch, William W.,	Yale, 1839,	Norfolk.
Wheeler, Frank,	Coll. Phys. and Surg., 1852,	Farmington.
White, F. O.,	Yale, 1873,	New Haven.
White, Moses C.,	Yale, 1854,	New Haven.
White, R. A.,	Yale, 1832,	Weatogue.
Whiton, F. H.,	Dartmouth, 1871,	North Manchester.
Whittemore, F. H.,	Bellevue, N. Y., 1874,	New Haven.
Whittemore, F. J.,	Univ. N. Y., 1851,	New Haven.
Wildman, W. G.,	Coll. Phys. and Surg., 1880,	Danbury.
Wile, William C.,	Univ. N. Y., 1870,	Sandy Hook.
Williams, A. S.,	Jefferson, 1840,	Brookfield.
Wilson, F. M.,	Harvard, 1875,	Bridgeport.
Wilson, S. A.,	Yale, 1852,	Windsor.
Winchell, A. E.,	Coll. Phys. and Surg., 1865,	New Haven.
Witter, John,	Yale, 1857,	Putnam.
Witter, William,	Yale, 1865,	Greeneville.
Wolcott, Willard,	Harvard, 1879,	Meriden.
Wood, Luther H.,	Yale, 1869,	Wolcottville.
Wood, William,	Univ. N. Y., 1847,	East Windsor Hill.
Woodruff, William,	Yale, 1826,	Thomaston.
Woodward, Ashbel,	Bowdoin, 1829,	Franklin.
Wordin, N. E.,	Jefferson, 1873,	Bridgeport.
Worthington, A. B.,	Yale, 1847,	Middle Haddam.
Wright, F. W.,	Bellevue, 1880,	Hamden.
Wright, T. G.,	Univ. N. Y., 1865,	Plainville.
Wright, J. W.,	Univ. N. Y., 1880,	Bridgeport.
Young, Francis J.,	Yale, 1866,	Bridgeport.
Zink, Walter,	Wurtzburg,	North Branford.

Members noticing any errors or omissions in any part of their record will please inform the Secretary for correction in future lists.

APPENDIX A.

The Committee of Examination met at the rooms of the Yale Medical College, June 26th. The Board was called to order by Prof. Lindsley, and Dr. J. H. Granniss was chosen to report the doings of the Board to the State Society.

Three candidates for graduation presented themselves, and but two were approved, viz., Frederic Sumner Smith, A.B., and Frank Henry Wheeler, A.B. The above named passed their examination very creditably, as also did the gentlemen who were examined on partial courses.

Attest,

J. H. GRANNISS, M.D.,

Reporter.

APPENDIX B.

AN ACT TO PREVENT IRREGULAR MEDICAL PRACTICE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

SECTION 1. Any itinerant person, not an inhabitant of this State, who shall by circular, handbill, or any other mode of advertisement, profess to treat, and shall in any town in this State treat disease or injury by any drug, nostrum, manipulation, or other expedient, shall be fined twenty-five dollars for each day that he shall exercise his profession without procuring a license therefor.

SEC. 2. Selectmen in towns, and the chief officer of police in cities, may issue such licenses upon payment to the town or city treasurer by such itinerant person of the sum of twenty dollars, for each day for which his license may be granted. The license shall distinctly state the number of days for which it shall be in force, and may be renewed at its expiration for any further time, upon the same terms. Such selectmen and chief officer of police shall record such licenses in books kept by them for that purpose, which shall be open to public inspection.

SEC. 3. Prosecutions for violations of this act may be heard and determined by police courts, where established, and by justices of the peace in towns in which such courts have no criminal jurisdiction.

CHARTER

OF THE

MEDICAL DEPARTMENT OF YALE COLLEGE.*

Be it enacted by the Senate and House of Representatives in General Assembly convened:

SECTION 1. The Medical Department established in Yale College, pursuant to an agreement between the President and Fellows of Yale College in New Haven, and the President and Fellows of the Connecticut Medical Society, shall be known and acknowledged by the name of THE MEDICAL DEPARTMENT OF YALE COLLEGE.

SEC. 2. There shall be established in the Medical Department such Professorships as from time to time may be determined by the President and Fellows of Yale College. There shall be a joint committee for the nomination of candidates to fill these Professorships, which committee shall be appointed in equal numbers by the President and Fellows of Yale College and the President and Fellows of the Connecticut Medical Society, and no person shall be chosen to any Professorship by said President and Directors of Yale College who shall not be approved by a majority of said committee.

SEC. 3. The Board of Examination for the Medical Degree shall consist of the Professors of the Medical Department of the College, and an equal number of the members of the Connecticut Medical Society, appointed by the President and Fellows of the same; and the President of the Medical Society shall be, *ex-officio*, President of the Examining Board; and in his absence a President *pro tempore* shall be appointed by the members chosen by the Medical Society.

SEC. 4. Candidates for the degree of Doctor of Medicine must present satisfactory evidence of having pursued medical studies

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* Enacted at January Session of Legislature, 1879.

for such time as the President and Fellows of Yale College may determine; must be twenty-one years of age, and of good moral character.

This degree shall be conferred by the President of Yale College, upon the recommendation of the Examining Board, and the diploma shall be signed by him and by the Examining Board, or a majority of them.

The President of Yale College may also confer the honorary degree of Doctor of Medicine upon those persons whom the President and Fellows of the Connecticut Medical Society shall recommend for that purpose; it being understood that any power which has hitherto been possessed by said Society of introducing members to its fellowship may be exercised at their discretion.

SEC. 5. *And be it further enacted*, That if at any time after the passage of this act it shall appear to the President and Fellows of Yale College, or to the President and Fellows of the Connecticut Medical Society, or either of them, to be desirable for the cause of medical education in the said University and in the State of Connecticut that the covenant or articles of agreement, pursuant to which the relation between these two bodies corporate (referred to in the first section of this act) now exists, should be canceled and rendered of no effect, such act of dissolution may be consummated by mutual agreement between the two parties in interest, without further legislative action,—and in that event the management and control of the Medical Department shall devolve solely upon the President and Fellows of Yale College, and upon the Medical Faculty under their direction, without prejudice to any *vested* interest, contract, or endowment; and any prerogatives heretofore possessed by the Connecticut Medical Society shall revert to the same.

SEC. 6. *And be it further enacted*, That the act entitled "An Act to incorporate the Connecticut Medical Society, and to establish the Medical Institution of Yale College," and all acts in addition to, and in alteration thereof, be, and the same are hereby repealed: *provided*, that all proceedings had, and obligations imposed in pursuance of the acts hereby repealed, shall have the same effect as though said acts were still in force.

SEC. 7. This resolution may be amended or repealed at the pleasure of the General Assembly.

CHARTER AND BY-LAWS

OF THE

CONNECTICUT MEDICAL SOCIETY.

CHARTER.

General Assembly, May Session, 1870, Amending the Charter of the Connecticut Medical Society.

Resolved by this Assembly:

Section 1. That the Physicians and Surgeons now members of the Connecticut Medical Society, and all Physicians and Surgeons who shall be associated with them in pursuance of the provisions of this act, shall be and remain a body politic and corporate, by the name of The Connecticut Medical Society; and by that name they and their successors shall and may have perpetual succession; shall be capable of suing and being sued, pleading and being impleaded, in all suits of whatever name and nature; may have a common seal, and may alter the same at pleasure; and may also purchase, receive, hold, and convey any estate, real or personal, to an amount not exceeding one hundred thousand dollars.

Sec. 2. That the superintendence and management of the Society shall be vested in a body to be known and called by the name of "The President and Fellows of the Connecticut Medical Society;" which body shall have power to prescribe the duties of its officers and members, and fix their compensation; to establish the conditions of admission, dismission, and expulsion; to lay a tax from time to time upon the members, not exceeding five dollars in each year; to collect the same, and to hold and dispose of all moneys or other property belonging to the Society in such manner as they may think proper to promote the objects and interests of the Society; and in general, to make such by-laws and regulations for the due government of the Society, not repugnant to the laws of the United States or of this State, as may be deemed necessary.

SEC. 3. That the President and Fellows of the Connecticut Medical Society shall be composed of the officers of the Society for the time being, and of Fellows (not less than three nor more than five) chosen by and from each of the County Associations.

SEC. 4. That hereafter no one shall be admitted to membership in any County Association having connection with this Society, unless he shall have received the degree of Doctor of Medicine, or have been admitted *ad eundum*, from such medical authorities as this Society shall deem proper to recognize.

SEC. 5. It shall be the duty of the several clerks of the County Associations, in their respective counties, to collect and pay over to the Treasurer of the Society all such taxes as shall from time to time be laid by the President and Fellows, upon the members of the Society as aforesaid; and for that purpose said clerks may procure a warrant, under the hand of a justice of the peace, against such member or members of the Society as shall neglect or refuse to pay the taxes so imposed upon them as aforesaid; which warrant any justice of the peace is hereby empowered to issue, and said warrant shall be directed to the sheriff or his deputies of the county in which such delinquent member or members reside; and said sheriff, or either of his deputies, on receiving such warrant, may therewith proceed to enforce the collection of such tax or taxes, in the same manner, and with the addition of the same fees, as are by law prescribed and allowed to the collectors of town taxes. And if any of the clerks of the County Associations shall neglect or refuse to collect the taxes entrusted to him to collect, by the time the same are made payable, or having collected the same shall neglect or refuse to pay the same over to the Treasurer of the Society, such Treasurer may cause a suit or suits to be instituted against such delinquent, in the name of the Society, before any court proper to try the same, and the same to pursue to final judgment; and the clerks shall be allowed and receive a compensation of five per centum on all moneys collected by them respectively, and paid to the Treasurer of the Medical Society.

SEC. 6. That these amendments shall take effect on the day of its passage; and so much of the Act entitled an Act to incorporate the Connecticut Medical Society, approved June 5, 1834, and all such acts in addition thereto and amendments thereof as are inconsistent herewith, be, and the same are hereby repealed.

Approved, July 8, 1870.

BY-LAWS.

Chapter I.

Titles and Meetings.

Section 1. This Society shall be known by the name of The Connecticut Medical Society; and it shall be composed of the members of the County Associations and of Honorary Members.

Sec. 2. The Connecticut Medical Society shall hold an annual convention on the Thursday following the fourth Wednesday in May. The annual convention shall assemble alternately at New Haven and Hartford. Ten members shall constitute a quorum. If the President and Vice-President be absent, the Society may choose a President *pro tempore.*

Sec. 3. The President and Fellows of the Connecticut Medical Society shall hold an annual meeting.

Sec. 4. The County Associations shall hold in their respective counties an annual meeting.

Chapter II.

Officers.

Section 1. The officers of the Society shall consist of a President, Vice-President, Treasurer, Secretary, Committee on Matters of Professional Interest in the State, and the Presidents of the County Association, who shall be Vice-Presidents *ex-officio.*

Sec. 2. It shall be the duty of the President to preside at the annual convention, and at all the meetings of the President and Fellows, preserve order, state and put questions, call for reports of committees, enforce the observance of the by-laws, and perform such other duties appropriate to his office as the Society shall assign him. At the annual meeting of the President and Fellows, the President shall present such matters for their consideration as he may think require attention. At the annual convention he shall deliver an address on some suitable subject.

Sec. 3. In the absence or disability of the President, the Vice-President shall preside, and in case of a vacancy in the office of President, caused by death, resignation, or removal, all the duties pertaining to it shall devolve on the Vice-President.

SEC. 4. It shall be the duty of the Treasurer to take charge and keep a correct account of all moneys belonging to the Society, together with the receipts and disbursements, and render annually to the President and Fellows a statement of all moneys received and paid by him. He shall preserve, for the benefit of the Society, all donations and other movable property committed to his charge, and keep an exact list of the same, together with the name of the respective donors. He shall not pay any money out of the treasury, nor make any investment of the funds of the Society, or change the same, but by order of the President and Secretary. And he shall deliver to his successor all books and papers, with the balance of cash or other property of the Society in his hands. The Treasurer shall be *ex-officio* a member of the Committee of Publication.

SEC. 5. The Secretary shall have charge of the records of the Society, attend all the meetings of the President and Fellows, and the annual convention of the Society, record all the transactions of the same, give true copies of them when thereto requested, conduct their correspondence, and have the custody of the seal of the Society. The Secretary shall be *ex-officio* chairman of the Committee of Publication. The Secretary shall send due notices of the annual meeting to each member, and publish notice of the same in three of the daily papers printed in this State. When definitely informed that the delegates to the American Medical Association or any State Society cannot attend, he may appoint substitutes. The Secretary shall send each year an extra copy of the published "Proceedings" of the Society to each of the Clerks, for the use of the County Associations; also to other State Societies and to Honorary Members.

SEC. 6. The Committee on Matters of Professional Interest in the State, shall consist of three, and be considered members *ex-officio* of "the President and Fellows of the Connecticut Medical Society," to be elected annually by ballot, the first named to be Chairman, whose duty it shall be, at every Annual Convention, to report the progress of our science, particularly in Connecticut—remarkable and instructive cases of disease that may have come to their knowledge—interesting facts or discoveries relating to medicine—all circumstances connected with epidemics (if any have prevailed), and the treatment adopted, whether successful or otherwise—in short, whatever influences may concern the health of the citizens

of Connecticut. And the more effectually to perfect this report, it shall be the duty of each county and other Associations represented in this Society annually to appoint one of its members as a reporter, who shall furnish to this committee, on or before the first day of May, all the information he can get relative to these subjects, within the limits of the district in which the local Association exists.

SEC. 7. Any officer of the Society may, for sufficient reasons, resign his office, or may be removed therefrom by order of the President and Fellows, for neglect, inattention, or mal conduct; in either of which cases, or on the death of any officer, the President and Fellows shall supply the office vacated as soon as may be convenient.

SEC. 8. The necessary expenses of the Treasurer, Secretary, and Chairman of the Committee on Matters of Professional Interest in the State, shall be paid.

CHAPTER III.

President and Fellows of the Connecticut Medical Society.

SECTION 1. There shall be an annual meeting of the President and Fellows of the Connecticut Medical Society, on the day preceding the annual convention of the Society, and in the same city where the convention is to be held.

SEC. 2. The President, Vice-President, and *ex-officio* Vice-Presidents, Treasurer, Secretary, Committee on Matters of Professional Interest, and Fellows shall be known and called by the name of the President and Fellows of the Connecticut Medical Society; a majority of whom legally assembled together shall be a quorum for the transaction of any business; and shall have the power to make by-laws for the regulation and government of the Society, and for the promotion of the objects of the same, not repugnant to the laws of the United States or of this State; to expel any member of the Society for misconduct; to make rules for the admission of members of the Society, and for their dismission from the same; to lay a tax upon each member of the Society, not exceeding five dollars in each year; to dispose of the moneys thus raised and all other property of the Society in such a manner as they may think proper to promote the objects and interests of the Society.

The President and Fellows at any annual meeting, and after one year's nomination of every candidate, and not otherwise, may, by a major vote of those present, elect eminent physicians not resident in this State to be honorary members of this Society. But those elected shall not exceed three in number in any year.

SEC. 3. At all the meetings of the Fellows for the transaction of business, the President of the Society, or in case of his absence the Vice-President, shall preside; and in case of the absence of the President and Vice-President, the Fellows present may elect one of their own number as President for the occasion.

SEC. 4. The President of the Society, or in case of his death or inability the Vice-President, on any special occasion, shall have power to call a meeting of the President and Fellows at such time and place as he may think proper, when applied to by any five Fellows, two of whom shall be members of different County Societies, and he shall cause notice thereof to be given by the Secretary to each member of the time and place of meeting, which notice shall be mailed at least one week previous to said meeting; and the President shall also cause twenty days' notice of the special meeting to be given in two newspapers printed in this State.

SEC. 5. The Committee of Examination, the Committee to nominate Professors in the Medical Institution, and the Committee to nominate the Physician to the Retreat for the Insane shall be chosen by ballot. Only two persons shall be elected on each of these Standing Committees each year; the first two on the list to be dropped, and the two chosen to be placed at the bottom; but any person may be re-elected. These Standing Committees of the Society shall report annually to the President and Fellows, whenever they have had occasion to act in their official capacity.

The Secretary and Treasurer shall be *ex-officio* members of the Committee of Publication. This Committee shall consist of three, the other member to be chosen by ballot.

The Nominating Committee shall consist of one from every County Association represented; and the Fellows of each of said Associations respectively shall choose from among themselves one to represent them on said Committee. This Committee shall report at the time appointed for the election.

All other committees shall be appointed by the presiding officer.

SEC. 6. It shall be the duty of the Fellows of the several counties to present to the annual convention short obituary sketches of

deceased members, which shall be revised, amended, or condensed by the Committee of Publication, as they deem expedient. In case, however, of any considerable changes in obituary sketches, either in revising, amending, or condensing, said sketches shall be submitted to the writer before publication in the Proceedings.

SEC. 7. The President shall, at an early hour of the session, appoint a Committee of three Fellows, of which the Secretary shall be one, to be called the Business Committee, to whom all reports of cases, dissertations, or other papers designed to be read at the annual convention shall be handed. And this Committee shall examine them and recommend the manner and order in which they shall be presented to the convention.

CHAPTER IV.

County Associations.

SECTION 1. The members of the Connecticut Medical Society shall meet annually in their respective counties, and at such other times and places as have been or may hereafter be agreed upon by them; provided the annual meeting shall be at least four weeks before the fourth Wednesday in May. Each County Association shall be known and called by the name of the county in which it exists, and shall choose from among themselves a President, Clerk, and such other officers as may be found necessary. At their annual meeting they shall elect by ballot, of their own number, in each county, five, except in the county of Tolland, which shall elect three Fellows, to have part in the superintendence and management of the Society. Each County Society shall elect as many alternates as they elect Fellows, who shall act in the absence of their primaries.

SEC. 2. The County Associations, in their respective counties, shall have power to adjourn meetings, and to call special meetings from time to time, as they shall deem expedient; and they may adopt such by-laws and regulations for their own government, and for the promotion of medical science, as they may think proper, not contrary to the laws of the State or the by-laws of the Connecticut Medical Society.

SEC. 3. Any person of good moral character, found to possess the qualifications prescribed by the charter and by-laws of the Society, may, by any County Association, at any meeting legally

holden, be admitted to membership, by a major vote of the members present, by ballot, provided he is residing and practicing in said county, and makes application for that purpose.

SEC. 4. All persons so elected shall, within one year after such election, subscribe the by-laws of the Society, or otherwise declare in writing their assent to the same, or such election shall be void.

SEC. 5. Any County Association may, by a major vote, dismiss from the Society any member who shall remove from the State, or who shall leave the profession for other pursuits.

SEC. 6. Any County Association may, if it is deemed expedient, recommend to the President and Fellows, for dismission from the Society, any member residing in that county who shall apply for such dismission by a written request to that effect, delivered to the Clerk of said County Association at least ten days before the time of holding any legal county meeting; and also any member who shall refuse or neglect to pay taxes; and upon the approval of such recommendation by the President and Fellows in annual meeting, the connection between such member and the Society shall be dissolved. *Provided*, that no member shall be honorably dismissed from the Society until all his taxes shall have been paid.

SEC. 7. All violation of the by-laws of the Connecticut Medical Society, or of the Medical Police adopted by the Society, or of the rules and regulations passed by the County Associations in conformity with the by-laws of the State Society, may be prosecuted and tried in the respective County Associations, under the following regulations, viz.: They shall appoint from among their members three persons to be known as the Board of Censors, the duties of which board shall be to take cognizance and advisory consideration of all instances of violation of the by-laws of the Society, or of the code of ethics adopted by the Society, that may come to their knowledge or be properly presented to them, and shall make report to the County Association of their action whenever it shall seem to them expedient, or they shall be thereto ordered by the Association. The member accusing another of a violation of any of the before mentioned regulations, shall make a statement, in writing, of the transaction which he deems a misdemeanor, and lay the same before a Fellow of the Society; and such Fellow shall issue a notification to the accused to appear before the next county meeting, stating the time when and the

place where it is to be held, to defend, if he sees fit, against such accusation. A copy of such accusation and notification shall be left with the accused, or at his last usual place of abode, at least twelve days previous to the time of holding the next county meeting. And the accuser shall cause the said accusation and notification to be served and returned to the Clerk of the County Association, on or before the day of their sitting; at which day the case with the accompanying papers shall be referred to the Board of Censors herein before mentioned, who shall hear all evidence and report to the Association the conclusions at which they have arrived, and their reasons therefor, and the offender, upon conviction, may be punished by admonition, by suspension from the privileges of the Society for a period not exceeding two years, or by expulsion from the Society. *Provided*, that no sentence of expulsion shall be valid until confirmed by the President and Fellows in annual meeting.

Sec. 8. When a new Clerk is chosen in any of the County Associations, his predecessor shall deliver over to him all the records and papers pertaining to the office, retaining copies of the same, if he think proper.

Sec. 9. It shall be the duty of the several Clerks of the County Associations, in their respective counties, to collect and pay over to the Treasurer of the State Society all such taxes as shall from time to time be laid by the President and Fellows upon the members of the Connecticut Medical Society. A certified copy of the levy of the tax signed by the President and Secretary, shall be sent annually to the Clerk of each County Association. And the Clerks shall be allowed a compensation of five per cent. on all moneys collected by them respectively and paid to the Treasurer of the State Society. *Provided*, such additional sum as the County Association may direct, not exceeding five per cent. of the moneys collected, may be retained by the Clerk to pay the expenses of the meetings of said Association.

If any members neglect or refuse to pay the taxes legally imposed upon them, it shall be the duty of the Clerks of the County Associations to which they belong to proceed against such delinquent members according to law, in the collection of the same. And if any of the Clerks of the County Associations shall neglect or refuse to collect the taxes entrusted to him to collect, by the time the same are due; or having collected the same, shall neglect

to pay the same over to the Treasurer of the State Society, such Treasurer may cause suit to be instituted against such delinquent, in the name of the Society, before any Court proper to try the same, and the same pursue to final judgment. The expenses incurred by the Clerks of the County Associations in collecting taxes shall be canceled and paid by the Treasurer.

SEC. 10. The Secretary shall send to each Clerk, before the annual meeting of the County Medical Association, blanks for the returns required for the Secretary and Treasurer of the State Society. The Clerks shall return to the Secretary a true list of the officers elected at the annual meeting, all the members of the County Association, with the post-office address of each—in case of new members the *date and place of graduation should be invariably given;* the names of members who have died since the last meeting, with the name of the person appointed to write an obituary sketch; also a list of delinquent tax-payers, with the amount due from each, and all other information therein required that may be necessary for the Secretary to make up the programme for the annual convention. This return shall be certified by the Clerk, who shall also transmit to the Secretary obituary sketches of those who have died, and all papers destined for the Transactions of the Society, or to be acted upon in convention. The blank to be returned to the Treasurer shall contain a list of the taxable members and those exempt, with the reason therefor; a list of the Fellows, and *of those claiming exemption from taxes for the first time,* if any—with the cause therefor. Also, such other facts as may be therein required, the whole return to be certified by the Clerk. Those who fail in this duty shall be subject to a fine of five dollars, to be collected by the Treasurer.

CHAPTER V.

Members.

SECTION 1. Each member of the Society shall have free access to the records of the Society, and of the County Association to which he belongs, and may take attested copies thereof if he request them.

SEC. 2. All the members of the Connecticut Medical Society have the privilege of attending all meetings of the President and Fellows, and performing all the duties of Fellows except voting.

Honorary members shall have the privilege of a seat at the annual convention, and of taking part in the discussions; but they shall not vote on any question, nor be eligible to any office.

SEC. 3. The payment of the annual tax shall be optional with all members over sixty years of age.

SEC. 4. Any member of the Society who shall make, vend, or publicly recommend, or who is directly or indirectly interested in the manufacture, use, or sale of any nostrum or patent medicine, shall not be eligible to any office, and is liable to be suspended from the privileges of the Society, or to expulsion.

SEC. 5. No member of the Society shall hold professional consultation or intercourse with any other than licensed physicians and surgeons in regular standing.

SEC. 6. It shall be the duty of every member of this Society to accuse any other member of the Society for such misdemeanors as he deems contrary either to the By-Laws, Medical Police, or Rules and Regulations adopted by the Society; and the accuser shall proceed in the manner directed in chapter iv, sec. 7, of By-Laws.

CHAPTER VI.

Elections.

SECTION 1. All elections of officers of the Society shall be at the annual meeting of the President and Fellows, and by ballot; and a majority of votes shall be requisite to elect.

SEC. 2. Before the President and Fellows proceed to ballot, the Committee on Nominations shall present a list of candidates for the several officers to be elected; and, an opportunity having been given to the members to make other nominations, the Society shall then be called to ballot; if no election is obtained on the first canvass, the two highest shall be the candidates for the next balloting. When a choice is made, the persons chosen shall hold their office during one year, and until others shall be elected.

SEC. 3. The nominating Committee shall report names for delegates to the American Medical Association, and to corresponding Societies, and shall also nominate a Committee of Arrangements, whose duty it shall be to provide convenient accommodations for the next annual convention, and an Anniversary Chairman, who shall preside at the dinner of the next year. The Anniversary Chairman shall be one of the Committee of Arrangements.

Chapter VII.

The Society adopts the Code of Ethics of the American Medical Association as a part of its Constitution and By-Laws.

No article of the By-Laws, as now adopted, shall be altered or amended, except the subject proposed shall have been submitted in writing to the consideration of the President and Fellows at a previous annual meeting; and a vote of two-thirds of the members present in that body shall be necessary to ratify and confirm any amendment.

On the day of the annual convention, a dinner shall be provided, at the expense of those members partaking of it. Delegates from other societies and invited guests shall be provided for under the direction of the Committee of Arrangements.

An invitation to the dinner may be given to such eminent persons as the President of the Society, or Anniversary Chairman, shall think proper to notice in this manner.

Chapter VIII.

Honorary Degrees and Honorary Membership.

Resolved, That the Committee on Honorary Degrees be directed to recommend none who have commenced the practice of medicine since the year 1815. *Passed, May, 1831.*

Resolved, That no member of this society shall be recommended to the President and Fellows of Yale College for the honorary degree of Doctor of Medicine until such member shall have been in the practice of medicine for a period of twenty-five years, at least, and no more than one shall be recommended from this State in any one year, and such degree shall be conferred solely on the ground of distinguished merit and honor of the individual. *The Committee on Honorary Degrees, in 1856, recommended the adoption of the above resolution, and the report of the committee was accepted.*

Resolved, That the names of candidates for the honorary degree of Doctor of Medicine and honorary membership be published in the proceedings of the Society, and be not acted upon for one year subsequent to the time such nominations are made. *Passed, May, 1860.*

Chapter IX.

Of Medical Students.

Section 1. Before any person can be admitted into the office of a physician, as a student of medicine, he shall furnish evidence of good moral character, and shall be examined by the preceptor and one of the Fellows of this Society; the examination to be upon the subjects of English education, and Greek and Latin languages. If found qualified he is to receive a certificate to that effect, and be enrolled as a regular student of medicine. *Passed, May, 1847.*

Sec. 2. The following certificate of studies shall be required of all candidates for examination for a degree:

I hereby certify that ———————— has pursued the study of Medicine with me from ———————— to ————————, and and that he recited regularly on [here insert the branches pursued] during the above mentioned time.

————————, Physician.

Sec. 3. The taxes of the Fellows and dissertator *in attendance* at the Convention shall be abated. The Fellows of each county shall be a committee of abatement for that county.

Sec. 4. Each county meeting shall have power to examine and immediately expel any member notoriously in the practice of any form of quackery without any formal trial, the same to be ratified by the succeeding Convention, any by-laws to the contrary notwithstanding.

Sec. 5. That the several county meetings are hereby instructed to continue their investigations in relation to the manufacture, sale, recommendation, and use of nostrums or patent medicines, by their members, and to present for trial any member so offending.

Sec. 6. That the several county meetings be requested to investigate the subject of members of the Society consulting with irregular practitioners, and enforce the by-laws in such case made and provided.

Sec. 7. That this Society require of the several county meetings to dismiss all members who persistently refuse or neglect to pay their annual taxes. *Passed, May, 1860.*

Whereas, doubts have existed as to the construction of membership after absence from this State,

Sec. 8. *Resolved*, That the privileges and obligations of membership revert to a regular physician on returning to the State. *Passed, May, 1864.*

PRECEDENCE OF MOTIONS IN ORDER.

WHEN A QUESTION IS UNDER DEBATE.

[CUSHING.]

1. To adjourn.
2. To lie on the table.
3. The previous question.
4. To postpone to a day certain.
5. To commit.
6. To amend.
7. To postpone indefinitely.
8. The main question.

REPORTS OF COMMITTEES.

HOW TO DISPOSE OF THEM.

When a committee is ready to report, the *first question* is whether the assembly will *receive* the report.

If the assembly, either by formal vote, or by tacit consent, permits a report to be read, the report, by such permission, is *received*, and goes to the clerk for his files—that is to say, in parliamentary language, lies on the table.

The committee, by the reading of the report, is dissolved and *discharged*, and cannot again act without new power from the assembly.

The *report* having been *received*, as above indicated, lies on the table, and the matter may end at this point without further action being taken, or a word said.

But if the assembly wishes to discuss, or take action on, any part or the whole of a report, it can do so as soon as the report is read, or at any subsequent time, upon motion properly seconded.

Whenever a report, or any part of it, is thus taken up, it may be treated and disposed of precisely as any other proposition,—it may be allowed to stand as it came from the committee, or it may be amended in its statement, reasoning, opinion, or in its resolutions or other propositions, if it contain such—any portion being taken separately, several portions together, or the whole at once.

In whatever way the report be treated, the final question on any portion, or on the whole, as the case may be, is on acceptance, and "*when accepted it is adopted*" (Cushing, p. 151, § 295) by the assembly, and becomes the statement, reasoning, opinion, resolution, or other act, as the case may be, of the assembly, the same as it would have been had it originated in the assembly itself without the intervention of a committee.

(Though the question may be properly put on acceptance of a statement of facts, reasoning, or opinion; on agreeing to resolutions or other similar propositions; on adopting the order, or on passing or coming to the vote recommended, etc.; all these phrases are only equivalent to acceptance, which comprehends them all.)

The points then always to be remembered are, that a report is *received* by being allowed to be read; and that the whole, or any part of it, *when accepted is adopted.*

If the above exposition, strictly in accordance with Cushing and correct parliamentary usage, were constantly kept in mind by presiding officers, the deliberations of our Societies would be greatly facilitated and much confusion avoided.

CODE OF ETHICS

OF THE

AMERICAN MEDICAL ASSOCIATION.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS, AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

Article I.—Duties of Physicians to their Patients.

Section 1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. These obligations are the more deep and enduring because there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge depend on their skill, attention, and fidelity. They should study, also, in their deportment, to unite *tenderness* with *firmness*, and *condescension* with *authority*, so as to inspire the minds of their patients with gratitude, respect, and confidence.

Sec. 2. Every case committed to the charge of a physician should be treated with attention, steadiness, and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits should be used with discretion and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services; none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance should ever be divulged by the physician, except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great that professional men have, under some circumstances, been protected in their observance of secrecy by courts of justice.

SEC. 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

SEC. 4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs; and even to the patient himself if absolutely necessary. This office, however, is so particularly alarming when executed by him that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility of the most resigned in their last moments. The life of a sick person may be shortened not only by the acts, but also by the words and manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

SEC. 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty which is independent of and far superior to all pecuniary consideration.

SEC. 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

SEC. 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they are proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ARTICLE II.—OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

SECTION 1. The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties toward the community, and who are required to make so many sacrifices of comfort, ease, and health for the welfare of those who avail themselves of their services, certainly have a right to expect and require that their patients should entertain a just sense of the duties which they owe to their medical attendants.

SEC. 2. The first duty of a patient is to select as his medical adviser one who has received a regular professional education. In no trade or occupation do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

SEC. 3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician; for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions of those he attends is more likely to be successful in his treatment than one who does not possess that knowledge.

A patient who has thus selected his physician should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is still of more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

SEC. 4. Patients should faithfully and unreservedly communicate to their physicians the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

SEC. 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as

relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business nor the history of his family concerns.

SEC. 6. The obedience of a patient to the prescription of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent, they are apt to suppose that the rules prescribed for them may be disregarded, and the consequence but too often is a relapse. Patients should never allow themselves to take any medicine whatever that may be recommended to them by the self-constituted doctors and doctresses who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

SEC. 7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him—and when he does receive them should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

SEC. 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

SEC. 9. Patients should always, when practicable, send for their physician in the morning before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical advisers unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

SEC. 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physi-

cian; for these are of such a character that no mere pecuniary acknowledgment can repay or cancel them.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER AND TO THE PROFESSION AT LARGE.

Article I.—Duties for the Support of Professional Character.

Section 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members; should avoid all contumelious and sarcastic remarks relative to the faculty as a body, and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

Sec. 2. There is no profession from the members of which greater purity of character and a higher standard of moral excellence are required than the medical; and to attain such eminence is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life of a fellow-creature.

Sec. 3. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or hand-bills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of emprice, and are highly reprehensible in a regular physician.

Article II.—Professional Services of Physicians to each Other.

Section 1. All practitioners of medicine, their wives, and their children, while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incom-

petent judge of his own case; and the natural anxiety and solicitude which he experiences at the death of a wife, a child, or any one who, by the ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully afforded. Visits ought not, however, to be obtruded officiously, as such unasked civility may give rise to embarrassments, or interfere with that choice on which confidence depends. But if a distant member of the faculty, whose circumstances are affluent, requests attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed which the party receiving it would not wish to incur.

Article III.—The Duties of Physicians as Respects Vicarious Offices.

Section 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and, when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglects his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety, and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

Article IV.—The Duties of Physicians in Regard to Consultations.

Section 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by this association, and who is in good moral and

professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation when it is requested by the patient. But no one can be considered a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

SEC. 2. In consultations, no rivalship or jealousy should be indulged. Candor, probity, and all due respect should be exercised toward the physician having the case in charge.

SEC. 3. In consultations, the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for a deliberation, and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered which are not the result of previous deliberation and concurrence.

SEC. 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment as any subsequent unexpected change in the character of the case may demand. But such variation, and the reason for it, ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

SEC. 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interefere and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emer-

gency, or when he has been called from considerable distance, in which latter case he may examine the patient and give his opinion in *writing* and *under seal*, to be delivered to his associate.

SEC. 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

SEC. 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

SEC. 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen that two physicians cannot agree in their views of the nature of a case and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire; and if circumstances prevent the adoption of such a course, it must be left to the patient to select the physician in whom he is most willing to confide. But as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation or participation in the management of the case.

SEC. 9. As circumstances sometimes occur to render *special consultations* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such case should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion of both time and attention, at least a double honorarium may be expected.

SEC. 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as can be consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any

of those extraordinary attentions or assiduities which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ARTICLE V.—DUTIES OF PHYSICIANS IN CASES OF INTERFERENCE.

SECTION 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

SEC. 2. A physician, in his intercourse with a patient, under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made—no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

SEC. 3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

SEC. 4. A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another member of the faculty, in the same illness, except in cases of sudden emergency or in consultation with the physician previously in attendance, or when the latter has relinquished the case or been regularly notified that his services are no longer desired. Under such circumstances no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit; for it often happens that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success in the first stages of treatment affords no evidence of a lack of professional knowledge and skill.

SEC. 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

SEC. 6. It often happens in case of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may

deem necessary. In all such cases, however, the practitioner who officiates should request the family physician, if there be one, to be called, and unless his further attendance be requested, should resign the case to the latter on his arrival.

SEC. 7. When a physician is called to the patient of another practitioner,* in consequence of the sickness or absence of the latter, he ought on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

SEC. 7. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no further than is absolutely necessary with the general plan of treatment; to assume no further directions unless it be expressly desired; and in this last case, to request an immediate consultation with the practitioner previously employed.

SEC. 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding in some degree the common funds for its support when fees are dispensed with which might justly be claimed.

SEC. 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the absence of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ARTICLE VI.—OF DIFFERENCES BETWEEN PHYSICIANS.

SECTION 1. Diversity of opinion and opposition of interest may, in the medical as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians or a *court-medical.*

SEC. 2. As peculiar reserve must be maintained by physicians towards the public in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general

* The expression, "patient of another practitioner," is understood to mean a patient who may have been under the charge of another practitioner at the time of the attack of sickness, or departure from home of the latter, or who may have called for his attendance during his absence or sickness, or in any other manner given it to be understood that he regarded the said physician as his regular medical attendant.

society, neither the subject matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

Article VII.—Of Pecuniary Acknowledgments.

Some general rules should be adopted by the faculty in every town or district relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will permit.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

Article I.—Duties of the Profession to the Public.

Section 1. As good citizens it is the duty of physicians to be very vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially pertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions, in relation to the medical police of towns, or drainage, ventilation, etc., and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

Sec. 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice on subjects strictly medical, such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a *post mortem* examination, it is just, in consequence of time, labor, and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

Sec. 3. There is no profession by the members of which eleemosynary services are more liberally dispensed than the medical, but justice requires that some limits should be placed to the performance of such good office. Poverty, professional brotherhood, and certain of the public duties referred to in the first section of this article should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for

mutual benefit, for the insurance of lives, or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

SEC. 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretentions of artful empirics and imposters. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ARTICLE II.—OBLIGATIONS OF THE PUBLIC TO PHYSICIANS.

SEC. 1. The benefits accruing to the public, directly and indirectly, from the active and unwearied beneficence of the profession, are so numerous and important that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumption of ignorance and empiricism, to afford every encouragement and facility for the acquisition of medical education, and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under a liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

PRESIDENTS OF THE CONNECTICUT MEDICAL SOCIETY,

From its organization in 1792 *to the present time, and a list of the Fellows since* 1875.

Presidents.

1792. *Leverett Hubbard.
1794. *Æneas Munson.
1801. *James Potter.
1803. *Thomas Mosely.
1804. *Jeremiah West.
1807. *John R. Watrous.
1812. *Mason F. Cogswell.
1823. *Thomas Hubbard.
1827. *Eli Todd.
1829. *John S. Peters.
1832. *William Buel.
1834. *Thomas Miner.
1837. *Silas Fuller.
1841. *Elijah Middlebrook.
1843. *Luther Ticknor.
1846. *Archibald Welch.
1849. *George Sumner.
1851. *Rufus Blakeman.
1853. *Richard Warner.
1854. *William H. Cogswell.
1856. *Benjamin H. Catlin.
1858. Ashbel Woodward.
1861. *Josiah G. Beckwith.
1863. Ebenezer K. Hunt.
1865. *Nathan B. Ives.
1866. Isaac G. Porter.
1867. *Charles Woodward.
1868. *Samuel B. Beresford.
1869. Henry Bronson.
1870. Charles F. Sumner.
1871. Gurdon W. Russell.
1872. Henry W. Buel.
1873. *Ira Hutchinson.
1874. Lowel Holbrook.
1875. Pliny A. Jewett.
1876. A. W. Barrows.
1877. Robert Hubbard.
1878. C. M. Carleton.
1879. A. R. Goodrich.
1880. G. L. Platt.
1881. William Deming.
1882. William G. Brownson.
1883. E. B. Nye.

Vice-Presidents.

1876. Robert Hubbard.
1877. C. M. Carleton.
1878. A. R. Goodrich.
1879. G. L. Platt.
1880. William Deming.
1881. William G. Brownson.
1882. E. B. Nye.
1883. B. N. Comings.

Secretaries.

1876–1883. C. W. Chamberlain. 1883. S. B. St. John.

Treasurers.

1876–1882. F. D. Edgerton. 1882. E. P. Swasey.

Vice-Presidents *Ex-Officio.*

1876.	1877.	1878.	1879.
Charles Carrington,	James C. Jackson,	W. A. M. Wainwright,	R. W. Griswold,
G. L. Platt,	B. H. Catlin,	S. G. Hubbard,	M. C. White,
Isaac G. Porter,	Seth Smith,	A. Woodward,	E. C. Kinney,
W. G. Brownson,	E. P. Bennett,	E. P. Bennett,	W. G. Brownson,
L. Holbrook,	Wm. A. Lewis,	John Witter,	E. Baldwin,
B. B. North,	Wm. Deming,	Wm. Deming,	R. S. Goodwin,
A. W. Hough,	E. B. Nye,	G. C. H. Gilbert,	R. W. Mathewson,
A. R. Goodrich.	M. B. Bennett.	F. L. Dickinson.	S. G. Risley.

1880.	1881.	1882.	1883.
S. W. Rockwell,	G. W. Sanford,	William M. Hudson,	George F. Lewis,
M. C. White,	A. H. Churchill,	N. Nickerson,	M. N. Chamberlain,
Ashbel Woodward,	E. C. Kinney,	E. C. Kinney,	E. C. Kinney,
Samuel Hutchins,	William C. Wile,	William C. Wile,	George L. Porter,
C. H. Bill,	Henry W. Hough,	John Witter,	S. L. Hutchins,
R. S. Goodwin,	Walter S. Munger,	W. S. Munger,	Willis J. Beach,
C. E. Hammond,	Rufus Baker,	Miner C. Hazen,	A. B. Worthington,
Charles F. Sumner.	Stephen G. Risley.	C. B. Newton.	M. B. Bennett.

FELLOWS.

Hartford County.

1876.	1877.	1878.	1879.
E. K. Hunt,	S. W. Rockwell,	S. W. Rockwell,	L. S. Wilcox,
J. O'Flaherty,	G. R. Shepherd,	G. W. Russell,	G. P. Davis,
S. R. Burnap,	J. O'Flaherty,	R. E. Ensign,	E. B. Lyon,
C. W. Chamberlain,	James Campbell,	N. Mayer,	N. Mayer,
G. R. Shepherd.	R. E. Ensign.	G. P. Davis.	J. N. Parker.

1880.	1881.	1882.	1883.
G. W. Russell,	H. S. Fuller,	Eli Warner,	George W. Avery,
H. S. Fuller,	E. Warner,	G. W. Steadman,	W. T. Bacon,
E. B. Lyon,	E. P. Swasey,	George W. Avery,	R. Strickland,
J. N. Parker,	R. M. Griswold,	W. T. Bacon,	H. E. Way,
E. P. Swasey.	G. W. Steadman.	George F. Lewis.	E. J. McKnight.

New Haven County.

1876.	1877.	1878.	1879.
S. C. Bartlett,	S. H. Bronson,	D. L. Daggett,	P. A. Jewett,
W. L. Bradley,	B. F. Harrison,	A. H. Churchill,	S. G. Hubbard,
L. J. Sanford,	John Nicoll,	W. H. Carmalt,	N. Nickerson,
B. H. Catlin,	S. D. Gilbert,	L. N. Beardsley,	S. D. Gilbert,
J. F. Barnett.	C. H. Gaylord.	M. N. Chamberlain.	E. L. Griggs.

1880.	1881.	1882.	1883.
L. J. Sanford,	W. H. Carmalt,	W. H. Carmalt,	W. H. Carmalt,
N. Nickerson,	R. B. Goodyear,	A. E. Winchell,	W. H. Holmes,
C. H. Pinney,	E. B. Heady,	H. Davis,	F. E. Beckwith,
S. H. Bronson,	L. J. Sanford,	C. A. Lindsley,	A. Beardsley,
H. Fleischner.	W. G. Alling.	S. D. Gilbert.	E. T. Bradstreet.

New London County.

1876.	1877.	1878.	1879.
A. Woodward,	Samuel Johnson,	A. Woodward,	F. G. Stanton,
L. S. Paddock,	C. M. Carleton,	C. N. Brayton,	L. B. Almy,
G. W. Harris,	S. L. Sprague,	E. C. Kinney,	E. C. Kinney,
A. T. Nelson,	A. Woodward,	F. N. Braman,	W. M. Burchard,
W. S. C. Perkins.	F. N. Braman.	L. S. Paddock.	J. D. Nelson.

1880.	1881.	1882.	1883.
C. E. Brayton,	L. S. Paddock,	E. D. Griffin,	L. S. Paddock,
C. M. Carleton,	W. M. Burchard,	P. Cassidy,	J. G. Stanton,
J. D. Nelson,	F. N. Braman,	J. G. Stanton,	F. N. Braman,
F. A. Coates,	A. Woodward,	F. N. Braman,	S. L. Sprague,
George W. Harris.	A. Peck.	A. Woodward.	A. Woodward.

Fairfield County.

1876.	1877.	1878.	1879.
N. E. Worden,	G. L. Bouton,	J. G. Gregory,	E. J. Ward,
C. W. Sheffrey,	James E. Barbour,	James E. Barbour,	W. C. Wile,
G. M. Teeple,	G. F. Lewis,	Robert Lauder,	W. C. Burke, Jr.,
E. Gregory,	A. E. Emery,	N. E. Worden,	N. E. Worden,
S. Lynes.	W. A. Lockwood.	G. A. Shelton.	C. H. Bill.

1880.	1881.	1882.	1883.
Wm. G. Brownson,	C. H. Bill,	G. L. Porter,	S. F. Delamater,
A. S. Allen,	N. E. Worden,	J. C. Kendall,	Willis Cummings,
W. H. Bunnell,	Wm. C. Wile,	W. C. Bowers,	George F. Lewis,
F. J. Young,	Wm. C. Burke, Jr.,	George B. Bouton,	J. G. Gregory,
F. M. Wilson.	M. V. B. Dunham.	C. H. Bill.	W. A. Lockwood.

Windham County.

1876.	1877.	1878.	1879.
J. B. Whitcomb,	W. A. Lewis,	J. B. Kent,	J. B. Kent,
John Witter,	E. H. Davis,	T. M. Hills,	T. M. Hills,
S. Hutchins,	E. A. Hill,	John Witter,	S. Hutchins,
C. Hosford,	Lewis Williams,	C. H. Rogers,	J. B. Whitcomb,
Wm. A. Lewis.	Elijah Baldwin.	C. J. Fox.	C. J. Fox.

1880.	1881.	1882.	1883.
William A. Lewis,	Lowell Holbrook,	R. Robinson,	E. A. Hill,
Lewis Williams,	C. J. Fox,	A. E. Darling,	T. M. Hills,
Lowell Holbrook,	W. H. Judson,	A. S. Leonard,	F. G. Sawtelle,
John Cotton,	R. Robinson,	O. B. Griggs,	J. B. Kent,
Thomas Graves.	A. E. Darling.	F. G. Sawtelle.	Charles Gardiner.

Litchfield County.

1876.	1877.	1878.	1879.
J. J. Newcomb,	W. W. Welch,	L. H. Wood,	E. B. Heady,
G. H. Miner,	H. M. Knight,	H. W. Buel,	J. H. Stevens,
J. H. North,	J. W. Bidwell,	O. Brown,	Wm. Deming,
R. S. Goodwin,	H. E. Gates,	S. H. Huntington,	T. S. Hanchett,
V. Buel.	W. S. Munger.	T. G. Wright.	W. J. Beach.
1880.	**1881.**	**1882.**	**1883.**
Wm. Deming,	R. S. Goodwin,	L. H. Wood,	L. H. Wood,
J. R. Sanford,	J. B. Derrickson,	B. S. Thompson,	H. W. Shove,
J. J. Newcomb,	Orlando Brown,	J. W. Bidwell,	C. H. Gilbert,
B. S. Thompson,	W. J. Beach,	Orlando Brown,	L. G. Ketchum,
F. W. Brown.	G. H. Miner.	R. S. Goodwin.	C. O. Belden.

Middlesex County.

1876.	1877.	1878.	1879.
F. D. Edgerton,	George W. Burke,	J. H. Granniss,	I. Hutchinson,
R. W. Mathewson,	J. W. Alsop,	M. C. Hazen,	A. B. Worthington,
A. M. Snow.	E. Bidwell.	E. B. Nye.	G. C. H. Gilbert,
			S. W. Turner,
			C. E. Hammond.
1880.	**1881.**	**1882.**	**1883.**
Rufus Baker,	D. A. Cleaveland,	J. H. Grannis,	Rufus Baker,
W. B. Hallock,	C. M. Hubbard,	A. B. Worthington,	Miner C. Hazen,
C. A. Sears,	A. M. Shew,	E. B. Nye,	R. W. Mathewson,
R. W. Mathewson,	A. A. Hough,	C. E. Hammond,	C. A. Sears,
A. W. Bell.	Albert Field.	J. Olmstead.	George W. Burke.

Tolland County.

1876.	1877.	1878.	1879.
G. H. Preston,	M. B. Bennett,	C. B. Newton,	S. G. Risley,
S. G. Risley,	G. H. Preston,	G. H. Preston,	J. A. Warren,
C. B. Newton.	J. La Pierre.	A. R. Goodrich.	Wm. L. Kelsey.
1880.	**1881.**	**1882.**	**1883.**
Wm. N. Clark,	M. B. Bennett,	E. K. Leonard,	E. P. Flint,
Henry S. Dean,	F. S. Smith,	Wm. L. Kelsey,	A. R. Goodrich,
F. S. Smith.	E. P. Flint.	M. B. Bennett.	S. G. Risley.

Committee on Matters of Professional Interest in the State.

W. A. M. Wainwright, 1878–1883.
L. S. Wilcox, 1879–1881.
W. L. Bradley, 1879–1880.
George F. Lewis, 1881–1883.
H. S. Fuller, 1882–1883.
W. C. Wile, 1883.
J. H. Grannis, 1883.
E. C. Kinney, 1883.

Deaths for Eight Years.

1876.		1877.		1878.		1879.	
Lorenzo Marcy,	82	W. H. Coggswell,	78	Wm. Scott,	70	Charles L. Ives,	47
D. B. W. Camp,	71	Joel Canfield,	76	N. H. Byington,	68	E. A. Park,	62
C. W. Webb,	67	B. B. North,	72	Geo. A. Moody,	56	Wm. White,	67
E. M. Dunbar,	34	S. S. Noyes,	90	Geo. O. Sumner,	77	S. C. Bartlett,	40
		S. H. Lyman,	63	C. A. Gallagher,	43	T. D. Dougherty,	49
		Charles Hosford,	40	H. L. Wixon,	34	N. B. Hall,	51
		Geo. E. Perkins,	53	John Deacon,	50	Samuel Johnson,	74
		Daniel Poll,	46	A. J. Driggs,	75	Milton Bradford,	70
				J. D. Mears,	84	D. A. Hovey,	69
				Seth Smith,	55	Harvey Campbell,	85
				Freder'k Morgan,	87	Remus H. Fowler,	86
				Elijah Gregory,	45	A. White,	59
				George Dyer,	76	W. H. Richardson,	70
				Ralph Deming,	79		
				G. St. John,	73		
				B. D. McGuire,	29		

1880.		1881.		1882.		1883.	
Edward Brace,	81	Ed. Bulkley, Jr.,	47	James C. Jackson,	63	George B. Hawley,	71
B. H. Catlin,	78	Freder'k J. Fitch,	38	L. S. Wilcox,	55	W. H. Tremaine,	68
R. F. Stillman,	64	L. N. Beardsley,	66	Thomas Dutton,	79	F. F. Allen,	79
Henry Potter,	55	B. S. Roath,	70	S. H. Bronson,	36	George A. Hurlburt,	49
A. B. Halle,	74	Alfred E. Coates,	67	J. Martin Aimes,	53	Marcus L. Fiske,	65
James Barbour,	36	John Hill,	60	Elijah Dyer,	77	Mason Manning,	86
Samuel Lynes,	56			N. H. Haight,	77	B. S. Thompson,	50
Lewis Richards,	82			J. B. Whitcomb,	76	Garry H. Miner,	80
Justus Sherwood,	75			Lewis Williams,	65	C. H. Gilbert,	37
Jas. C. Lathrop,	27			E. P. Lyman,	61	E. Huntington,	66
Henry M. Knight,	52			Ira Hutchinson,	81	Dyer Hughes,	85
				J. H. Lee,	44	Gilbert H. Preston,	62
				Joshua Blodgett,	80		